

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northcutt  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M55413** (2)

1. Corporation Name

**CARNIVAL U.S.A. AMUSEMENT AND FOOD CENTER, INC.**

Principal Place of Business

**3015 NW 79 STR  
200 SE FIRST ST., 12TH FLOOR  
MIAMI FL 33147  
US**

Mailing Address

**3015 NW 79 STR  
MIAMI FL 33147  
US**

**REMITTED BY MAY 1**  
DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**07/13/1987**

3a. Date of Last Report  
**04/29/1994**

4. FEI Number  
**65-0034347**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under S. 195.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**PENINSULA REGISTERED AGENTS, INC.  
200 SE FIRST ST  
12TH FLOOR  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

**ERIC - STUDNIK**

82 Street Address (P.O. Box Number is Not Acceptable)

83

**154 SOUTH ISLAND**

84 City

**GOLDEN BEACH**

FL

85

Zip Code  
**33160**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of Section 607.0505, Florida Statutes.

\*SIGNATURE

**5/10/95**

Signature typed or printed name of registered agent and file # application

(NOTE: Registered Agent signature required when revoking)

12. OFFICERS AND DIRECTORS

|                 |                          |
|-----------------|--------------------------|
| TITLE           | <b>PVD</b>               |
| NAME            | <b>STUDNIK, ETTIE</b>    |
| STREET ADDRESS  | <b>3079 N.W. 79TH ST</b> |
| CITY - ST - ZIP | <b>MIAMI FL</b>          |
| TITLE           | <b>STD</b>               |
| NAME            | <b>STUDNIK, NEIL</b>     |
| STREET ADDRESS  | <b>3079 N.W. 79TH ST</b> |
| CITY - ST - ZIP | <b>MIAMI FL</b>          |
| TITLE           |                          |
| NAME            |                          |
| STREET ADDRESS  |                          |
| CITY - ST - ZIP |                          |
| TITLE           |                          |
| NAME            |                          |
| STREET ADDRESS  |                          |
| CITY - ST - ZIP |                          |
| TITLE           |                          |
| NAME            |                          |
| STREET ADDRESS  |                          |
| CITY - ST - ZIP |                          |
| TITLE           |                          |
| NAME            |                          |
| STREET ADDRESS  |                          |
| CITY - ST - ZIP |                          |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                   |
| 1.3 STREET ADDRESS  |                                                                   |
| 1.4 CITY - ST - ZIP |                                                                   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                   |
| 2.3 STREET ADDRESS  |                                                                   |
| 2.4 CITY - ST - ZIP |                                                                   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                                                   |
| 3.3 STREET ADDRESS  |                                                                   |
| 3.4 CITY - ST - ZIP |                                                                   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                                                                   |
| 4.3 STREET ADDRESS  |                                                                   |
| 4.4 CITY - ST - ZIP |                                                                   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |                                                                   |
| 5.3 STREET ADDRESS  |                                                                   |
| 5.4 CITY - ST - ZIP |                                                                   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |                                                                   |
| 6.3 STREET ADDRESS  |                                                                   |
| 6.4 CITY - ST - ZIP |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is complete, true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on a detachments with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR DIRECTOR

**4/21/95**

**305-836-3677**

Date

(Type Name)