

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M87288

(0)

1. Corporation Name
TONI CHARBONNET & COMPANY



Principal Place of Business
1300-S DIXIE HWY
SUITE 1307
CORAL GABLES FL 33146
US

Mailing Address
1300-S DIXIE-HIGHWAY
SUITE 1307
CORAL GABLES FL 33146
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/28/1988

3a. Date of Last Report
07/31/1996

2. Principal Place of Business
21 3901 Braganza Ave.

2a. Mailing Address
26 3901 Braganza Ave.

4. FEI Number
65-0059811

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State
Miami, FL

27 City & State
Miami FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip
33133

25 Country
U.S.A.

28 Zip
33133

30 Country
U.S.A.

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CHARBONNET, TONI T.
1300-S DIXIE HWY, STE. 1307
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name
Toni T. Charbonnet
82 Street Address (P.O. Box Number is Not Acceptable)
3901 Braganza Ave.
83
84 City
Miami
85 Zip Code
FL 33133

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CHARBONNET, TONI
STREET ADDRESS 1401 BRICKELL AVE, SUITE 1070
CITY-ST-ZIP MIAMI FL

TITLE D
NAME CHARBONNET, LOYS III
STREET ADDRESS 1401 BRICKELL AVE, SUITE 1070
CITY-ST-ZIP MIAMI FL

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 PD
1.2 NAME Charbonnet, Toni
1.3 STREET ADDRESS 1492 S. Miami Ave., Ste. 200
1.4 CITY-ST-ZIP

2.1 TITLE D
2.2 NAME Charbonnet, Loy III
2.3 STREET ADDRESS 1492 S. Miami Ave., Ste. 200
2.4 CITY-ST-ZIP Miami FL, 33133

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is 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 an attachment with an address.

SIGNATURE: Toni T. Charbonnet, Toni T. Charbonnet 9/14/97 14482777

CR2E034 (4/97)