

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N46504 (9)

1. Corporation Name

CARIBBEAN AMERICAN CARNIVAL, INC. OF MIAMI

Principal Place of Business

**1434 SOUTH MIAMI AVENUE
MIAMI FL 33130**

Mailing Address

**1434 SOUTH MIAMI AVENUE
MIAMI FL 33130**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/18/1991

3a. Date of Last Report
10/03/1994

4. FEI Number
65-0308822

Applied For
Not Applicable

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

**FILING FEE IS
\$61.25**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**LEWIS, SELMAN
1434 SOUTH MIAMI AVENUE
MIAMI FL 33130**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEWIS, SELMAN
STREET ADDRESS	4014 SW 68 WAY
CITY - ST - ZIP	MIRAMAR FL
TITLE	VPD
NAME	RAGOO, FRANCIS
STREET ADDRESS	2350 NW 174 TERR
CITY - ST - ZIP	MIAMI FL
TITLE	TD
NAME	GLASGOW, RICKERT
STREET ADDRESS	601 N FIGTREE LANE
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	ST
NAME	D'ARCY, KATHRYN
STREET ADDRESS	8500 SW 212 ST. #211
CITY - ST - ZIP	MIAMI FL
TITLE	DT
NAME	RAGOONAN, JOAN
STREET ADDRESS	18715 NW 10 CT.
CITY - ST - ZIP	MIAMI FL
TITLE	DT
NAME	WORRELL, DESMOND
STREET ADDRESS	750 NW 132 STREET
CITY - ST - ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 Section 110.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

6/7/95 (305) 381-9200