

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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

3. Date Incorporated or Qualified  
12/18/1991

3a. Date of Last Report  
06/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEWIS, SELMAN  
1434 SOUTH MIAMI AVENUE  
MIAMI FL 33130

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

LEWIS, SELMAN

STREET ADDRESS

4014 SW 68 WAY

CITY - ST - ZIP

MIRAMAR FL

TITLE

VPD

☒ DELETE

NAME

RAGOO, FRANCIS

STREET ADDRESS

2350 NW 174 TERR

CITY - ST - ZIP

MIAMI FL

TITLE

TD

☒ DELETE

NAME

GLASGOW, RICKERT

STREET ADDRESS

601 N FIGTREE LANE

CITY - ST - ZIP

FT LAUDERDALE FL

TITLE

ST

☐ DELETE

NAME

D'ARCY, KATHRYN

STREET ADDRESS

8500 SW 212 ST. #211

CITY - ST - ZIP

MIAMI FL

TITLE

DT

☐ DELETE

NAME

RAGOONAN, JOAN

STREET ADDRESS

18715 NW 10 CT.

CITY - ST - ZIP

MIAMI FL

TITLE

DT

☒ DELETE

NAME

WORRELL, DESMOND

STREET ADDRESS

750 NW 132 STREET

CITY - ST - ZIP

MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

600001877516  
-06/27/96--01018--022  
\*\*\*70.00

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

VPD  
LUKE, RAYMOND  
105 Duane Street  
New York, NY 10007

☐ Change ☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

D  
LILA, Vincent  
105 Duane Street  
New York, NY 10007

☐ Change ☒ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TD

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TD

☒ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

D  
SEEJATTAN, Peter  
17690 NW 27 Ave., Miami 33055

☐ Change ☒ Addition

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 119.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/96 (305) 377-0906

CS 612676 0006773

CR2E037 (3/96)