

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000000642 (9)

1. Corporation Name

CARRFOUR CORPORATION



Principal Place of Business

Mailing Address

100 SE SECOND ST  
STE 1220  
MIAMI FL 33131  
US100 SE SECOND ST  
STE 1220  
MIAMI FL 33131-2158  
US3. Date Incorporated or Qualified  
02/15/19933a. Date of Last Report  
06/11/1996

2. Principal Place of Business

2a. Mailing Address

21 100 SE 2nd St.Ste.120

26 100 SE 2nd St.Ste.120

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Miami, Florida

27 Miami, Florida

City &amp; State

City &amp; State

23 33131

28 33131

Zip

Country

Zip

Country

24

25

29

30

USA

4. FEI Number

65-0387766

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PREVE, DAVID J  
200 S BISCAYNE BLVD  
SUITE 4920  
MIAMI FL 33131

81 Name

Maria S. Pellerin

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

100 SE 2nd Street, Suite 120

83

84 City

Miami

FL

85

Zip Code

33131

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, 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 of the person or persons named in Block 9 or Block 10, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-7-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCO DELETE  
NAME PREVE, DAVID J  
STREET ADDRESS 200 S BISCAYNE BLVD SUITE 4920  
CITY-ST-ZIP MIAMI FL1.1 TITLE PD Change  
1.2 NAME Danner, Stephen  
1.3 STREET ADDRESS 1101 Brickell Ave.Ste.1402  
1.4 CITY-ST-ZIP Miami, Florida 33131TITLE SD DELETE  
NAME TURKEL, LEONARD  
STREET ADDRESS 2871 OAK AVENUE  
CITY-ST-ZIP COCONUT GROVE FL2.1 TITLE VD Change X Addition  
2.2 NAME Rosinek, Jeff  
2.3 STREET ADDRESS 1351 NW 12 Street - RM 308  
2.4 CITY-ST-ZIP Miami, Florida 33125TITLE TD DELETE  
NAME DANNER, STEPHEN  
STREET ADDRESS 1101 BRICKELL AVE STE 1402  
CITY-ST-ZIP MIAMI FL3.1 TITLE Change  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE VD DELETE  
NAME HOLLOWAY, STEPHEN  
STREET ADDRESS 11300 NE 2 AVENUE  
CITY-ST-ZIP MIAMI SHORES FL4.1 TITLE Change  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE MD DELETE  
NAME PELLERIN, MARIA S  
STREET ADDRESS 100 SE SECOND ST., STE 1220  
CITY-ST-ZIP MIAMI FL5.1 TITLE Change  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ED DELETE  
NAME PELLERIN, SUAREZ MARIA  
STREET ADDRESS 100 SE 2 ST STE 1220  
CITY-ST-ZIP MIAMI FL6.1 TITLE Change  
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 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

Date

Daytime Phone # 0026435

CR2E037 (9/96)