

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001481 (8)**
1. Corporation Name

CARNIVAL ASSOCIATION OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

**3301 MEADOWS CIRCLE W
MIRAMAR FL 33025**

**3301 MEADOWS CIRCLE W
MIRAMAR FL 33025**



200002288822
-08/14/97--01002--023
***70.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/15/1996** 3a. Date of Last Report

2. Principal Place of Business
21 **111 NW 183RD Street** 2a. Mailing Address
26 **111 NW 183RD Street**

4. FEI Number **65-0668896** Applied For
Not Applicable

Suite, Apt. #, etc.
22 **Suite 100** 27 **Suite 100**

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

City & State
23 **Miami, FL** 28 **Miami, FL**

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

Zip Country
24 **33169 USA** 29 **33169 USA** 30 **USA**

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

10. Name and Address of New Registered Agent

**WILLIAMS, RUTHEVEN E
3301 MEADOWS CIRCLE W
MIRAMAR FL 33025**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **RAGOO, FRANCIS PRESIDENT/DIRECTOR**
STREET ADDRESS **1130 NE 201 TERRACE**
CITY-STATE-ZIP **MIAMI FL 33179**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **ROSLYN ALIC DIRECTOR**
1.3 STREET ADDRESS **6645 EVERGREEN DR**
1.4 CITY-STATE-ZIP **MIRAMAR, FL 33023**

TITLE **SD** ☐ DELETE
NAME **ASSAM, CARL GENERAL SECRETARY/DIRECTOR**
STREET ADDRESS **1900 SAN SOUCI BLVD #301**
CITY-STATE-ZIP **NORTH MIAMI FL 33181**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **ALDWIN C. THOMAS VICE PRESIDENT/DIRECTOR**
2.3 STREET ADDRESS **1951 NW 85TH WAY**
2.4 CITY-STATE-ZIP **PEMBROKE PINES, FL 33024**

TITLE **D** ☐ DELETE
NAME **WORRELL, DESMOND DIRECTOR**
STREET ADDRESS **20240 NW 27TH COURT**
CITY-STATE-ZIP **MIAMI FL 33056**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **MARLENE GREGOIRE DIRECTOR**
3.3 STREET ADDRESS **17705 NW 55 CT**
3.4 CITY-STATE-ZIP **OPA LOCKA, FL 33055**

TITLE **D** ☒ DELETE
NAME **GITTENS, KEITH**
STREET ADDRESS **6421 SW 14TH STREET**
CITY-STATE-ZIP **PLANTATION FL 33317**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **THERESA MURRAY DIRECTOR**
4.3 STREET ADDRESS **7901 E UPPER RIDGE DR**
4.4 CITY-STATE-ZIP **PARKLAND, FL 33067**

TITLE **D** ☐ DELETE
NAME **DE CRUISE, CARL DIRECTOR**
STREET ADDRESS **8211 NW 169 TERRACE**
CITY-STATE-ZIP **MIAMI LAKES FL 33016**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **CYNTHIA FRAZIER DIRECTOR**
5.3 STREET ADDRESS **2661 SW 7TH STREET**
5.4 CITY-STATE-ZIP **FT. LAUDERDALE, FL 33312**

TITLE ☐ DELETE
NAME **RUDOLPH AWAI DIRECTOR**
STREET ADDRESS **8830 SW 23RD STREET**
CITY-STATE-ZIP **MIRAMAR, FL 33025**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **RUTHVEN WILLIAMS TREASURER**
6.3 STREET ADDRESS **3301 MEADOWS CIRCLE W**
6.4 CITY-STATE-ZIP **MIRAMAR, FL 33025**

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: 

8/14/97 305/377 6515 X2567

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