

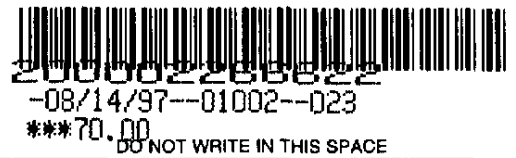
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

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 3301 MEADOWS CIRCLE W MIRAMAR FL 33025	Mailing Address 3301 MEADOWS CIRCLE W MIRAMAR FL 33025
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2. Principal Place of Business 21 111 NW 183RD Street	2a. Mailing Address 26 111 NW 183RD Street
Suite, Apt. #, etc. 22 Suite 100	Suite, Apt. #, etc. 27 Suite 100
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33169	Country 25 USA
Country 29 USA	Zip 30 33169

3. Date Incorporated or Qualified 03/15/1996	3a. Date of Last Report
4. FEI Number 65-0668896	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WILLIAMS, RUTHEVEN E	81 Name
3301 MEADOWS CIRCLE W	82 Street Address (P.O. Box Number is Not Acceptable)
MIRAMAR FL 33025	83
	84 City
	FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> DELETE
NAME RAGOO, FRANCIS PRESIDENT/DIRECTOR	
STREET ADDRESS 1130 NE 201 TERRACE	
CITY-STATE-ZIP MIAMI FL 33179	
TITLE SD	<input type="checkbox"/> DELETE
NAME ASSAM, CARL GENERAL SECRETARY/DIRECTOR	
STREET ADDRESS 1900 SAN SOUCI BLVD #301	
CITY-STATE-ZIP NORTH MIAMI FL 33181	
TITLE D	<input type="checkbox"/> DELETE
NAME WORRELL, DESMOND DIRECTOR	
STREET ADDRESS 20240 NW 27TH COURT	
CITY-STATE-ZIP MIAMI FL 33056	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME GITTENS, KEITH	
STREET ADDRESS 5421 SW 14TH STREET	
CITY-STATE-ZIP PLANTATION FL 33317	
TITLE D	<input type="checkbox"/> DELETE
NAME DE CRUISE, CARL DIRECTOR	
STREET ADDRESS 8211 NW 169 TERRACE	
CITY-STATE-ZIP MIAMI LAKES FL 33016	
TITLE RUDOLPH AWAI DIRECTOR	<input type="checkbox"/> DELETE
NAME 8830 SW 23RD STREET	
STREET ADDRESS MIRAMAR, FL 33025	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	ROSLYN ALIC DIRECTOR
1.2 NAME	6645 EVERGREEN DR
1.3 STREET ADDRESS	MIRAMAR, FL 33023
1.4 CITY-STATE-ZIP	
2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	ALDWIN C. THOMAS VICE PRESIDENT/DIRECTOR
2.2 NAME	1951 NW 85TH WAY
2.3 STREET ADDRESS	PEMBROKE PINES, FL 33024
2.4 CITY-STATE-ZIP	
3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	MARLENE GREGOIRE DIRECTOR
3.2 NAME	17705 NW 55 CT
3.3 STREET ADDRESS	OPA LOCKA, FL 33055
3.4 CITY-STATE-ZIP	
4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	THERESA MURRAY DIRECTOR
4.2 NAME	7901 E UPPER RIDGE DR
4.3 STREET ADDRESS	PARKLAND, FL 33067
4.4 CITY-STATE-ZIP	
5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	CYNTHIA FRAZIER DIRECTOR
5.2 NAME	2661 SW 7TH STREET
5.3 STREET ADDRESS	FT. LAUDERDALE, FL 33312
5.4 CITY-STATE-ZIP	
6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	RUTHVEN WILLIAMS TREASURER
6.2 NAME	3301 MEADOWS CIRCLE W
6.3 STREET ADDRESS	MIRAMAR, FL 33025
6.4 CITY-STATE-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 in an attachment with an address.

SIGNATURE _____ DATE 8/14/97 305/377 6515 Y2567

CR2E037 (497)