

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 12 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000001481 (8)**  
 Corporation Name  
**CARNIVAL ASSOCIATION OF SOUTH FLORIDA, INC.**



Principal Place of Business <b>111 NW 183RD STREET SUITE 100 MIAMI FL 33169</b>	Mailing Address <b>111 NW 183RD STREET SUITE 100 MIAMI FL 33169</b>
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3. Date Incorporated or Qualified <b>03/15/1996</b>	
4. FEI Number <b>65-0668896</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	25 29 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAGOO, FRANCIS	1.2 NAME	
STREET ADDRESS	1130 NE 201 TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASSAM, CARL	2.2 NAME	
STREET ADDRESS	1900 SAN SOUCI BLVD #301	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33181	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORRELL, DESMOND	3.2 NAME	
STREET ADDRESS	20240 NW 27TH COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33056	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALIC, ROSLYN	4.2 NAME	
STREET ADDRESS	6645 EVERGREEN DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33023	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE CRUISE, CARL	5.2 NAME	
STREET ADDRESS	8211 NW 169 TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33016	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AWAI, RUDOLPH	6.2 NAME	
STREET ADDRESS	8830 SW 23RD STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33025	6.4 CITY-ST-ZIP	

14. I 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: *Rutheven E. Williams* **RUTHEVEN E. WILLIAMS** 4/30/98 305-377-6175 x3567

CR2E037 (10/97)