

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)

1. Corporation Name

CARNIVAL ASSOCIATION OF SOUTH FLORIDA, INC.



Principal Place of Business	Mailing Address
111 NW 183RD STREET SUITE 100 MIAMI FL 33169	111 NW 183RD STREET SUITE 100 MIAMI FL 33169

3. Date Incorporated or Qualified	03/15/1996
4. FEI Number	65-0668896
Applied For	Not Applicable

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

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
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

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	
TITLE	PD
NAME	RAGOO, FRANCIS
STREET ADDRESS	1130 NE 201 TERRACE
CITY-ST-ZIP	MIAMI FL 33179
TITLE	SD
NAME	ASSAM, CARL
STREET ADDRESS	1900 SAN SOUCI BLVD #301
CITY-ST-ZIP	NORTH MIAMI FL 33181
TITLE	D
NAME	WORRELL, DESMOND
STREET ADDRESS	20240 NW 27TH COURT
CITY-ST-ZIP	MIAMI FL 33056
TITLE	D
NAME	ALIC, ROSLYN
STREET ADDRESS	8845 EVERGREEN DR
CITY-ST-ZIP	MIRAMAR FL 33023
TITLE	D
NAME	DE CRUISE, CARL
STREET ADDRESS	8211 NW 169 TERRACE
CITY-ST-ZIP	MIAMI LAKES FL 33016
TITLE	D
NAME	AWAI, RUDOLPH
STREET ADDRESS	8830 SW 23RD STREET
CITY-ST-ZIP	MIRAMAR FL 33025

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Ruthven E. Williams* 4/30/98 305-377-6175 x3567

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