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**FILED**  
**May 15, 1999 8:00 am**  
**Secretary of State**

05-15-1999 90023 001 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N96000001481**

1. Corporation Name

**CARNIVAL ASSOCIATION OF SOUTH FLORIDA, INC.**

Principal Place of Business

~~141 NW 183RD STREET  
SUITE 108  
MIAMI FL 33169~~

Mailing Address

~~141 NW 183RD STREET  
SUITE 108  
MIAMI FL 33169~~



2. Principal Place of Business

21 **18425 NW 2 AVE.**

Suite, Apt., etc.

22 **335**

City & State

23 **MIAMI, FLORIDA**

Zip

24 **33169**

Country

25 **USA**

2a. Mailing Address

26 **18425 NW 2 AVE**

Suite, Apt., etc.

27 **335**

City & State

28 **MIAMI, FLORIDA**

Zip

29 **33169**

Country

30 **USA**

3. Date Incorporated or Qualified

**03/15/1996**

4. FEI Number

**65-0668896**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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

**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

TITLE ☐ DELETE

NAME **PD  
RAGOO, FRANCIS**  
STREET ADDRESS **1130 NE 201 TERRACE**  
CITY-ST-ZIP **MIAMI FL 33179**

TITLE ☐ DELETE

NAME **SD  
ASSAM, CARL**  
STREET ADDRESS **1900 SAN SOUCI BLVD #301**  
CITY-ST-ZIP **NORTH MIAMI FL 33181**

TITLE ☐ DELETE

NAME **D  
WORRELL, DESMOND**  
STREET ADDRESS **20240 NW 27TH COURT**  
CITY-ST-ZIP **MIAMI FL 33056**

TITLE ☐ DELETE

NAME **D  
ALIC, ROSLYN**  
STREET ADDRESS **6645 EVERGREEN DR**  
CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE ☐ DELETE

NAME **D  
DE CRUISE, CARL**  
STREET ADDRESS **8211 NW 169 TERRACE**  
CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE ☐ DELETE

NAME **D  
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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-14-99**

**(305) 653-1877**

Date

Daytime Phone #

CR2E037 (11/98)