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FILED
Jun 19 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandya B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001945 (2)

1. Corporation Name

CARI-AMERICAN ALTERNATIVE SERVICES, INC.



Principal Place of Business

Mailing Address

315 N.W. 127TH STREET
NORTH MIAMI FL 33168

315 N.W. 127TH STREET
NORTH MIAMI FL 33168-3612

2. Principal Place of Business

21 4514 NW 194th St.

Suite, Apt. #, etc.

22 City & State
Miami, FL

23 Zip
33055

Country
USA

2a. Mailing Address

26 4514 NW 194th St.

Suite, Apt. #, etc.

27 City & State
Miami, FL

28 Zip
33055

Country
USA

3. Date Incorporated or Qualified
04/05/1996

3a. Date of Last Report

N/A

4. FEI Number

65-0667P07

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BANKS, ELIZABETH
315 N.W. 127TH STREET
NORTH MIAMI FL 33168

81 Name

Michael Scott

82 Street Address (P.O. Box Number is Not Acceptable)

4514 NW 194th Street

83

84 City
Miami

FL

85 Zip Code
33055

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 *Michael Scott* Michael Scott

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 ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☒ Addition

Michael Scott
4514 NW 194th Street
Miami, FL 33055

☐ Change ☒ Addition

Vandon White
70 NW 209 Street
Miami, FL 33169

☐ Change ☒ Addition

S
Sophia Smith
8610 Sherman Circle - North
Miami, FL 33025

☐ Change ☒ Addition

D
Eunice Tate
829 N.E. 154 Street
N. Miami Beach, FL 33162

☐ Change ☒ Addition

D
Yvonne Grant
1100P S.W. 142 Place
Miami, FL 33136

☐ Change ☒ Addition

D
Edna Foulkes
17101 N.W. 19th Avenue
Miami, FL 33054

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 *Michael Scott* Michael Scott

6/16/97

CR2E037 (9/96)