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

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

🌉 Sandfa B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N96000001945 (2)

CARLAMERICAN 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 FILED Jun 19 1997 8:00am Secretary of State

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	3. Date incorporated or Qualified 3a. Date of Last Report 04/05/1996
2. Principal Place of Business 2a. Mailing Address	4. FEI Nymber Applied For
21 4514 NW 194th Vt. 26 4514 NW 194th St.	65-0667P07 Not Applicable
Suite, Apt. #, etc.   Suite, Apt. #, etc.   27	5. Certificate of Status Desired S8.75 Additional Fee Required
City & State City & State	6. Election Campaign Financing \$5.00 May Be
23 Miami, 41 28 Miami PC	Trust Fund Contribution
Zip Country Zip Country 24 33053 25 USA 29 33053 30 USA	8. This corporation has liability for intangible tax under s, 199.032, Florida Statutes
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
81 Name	Wichael Scott
BANKS, ELIZABETH 82 Street Addr	
315 N.W. 127TH STREET	1955 (P.O. Box Number is Not Acceptable) Spect
NORTH MIAMI F.L. 33168	7-17-1-11-1-1
· ·	
•   84   City M i	iàmi FL 85 Zip Code 33055
<ol> <li>Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-hamed cord</li> </ol>	poration submits this statement for the purpose of changing its registerer
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporal agent, it am familiar with, and achien the obligations of, Section 617.0503, Florida Statutes.	tion's board of directors. I hereby accept the appointment as registered
SIGNATURE Clar Och Yest Hichael Suft	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature require	red when reinstating) DATE
12. OFFICERS AND DIRECTORS 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE DELETE 1.1 TITLE	Change Addition
NAME 1.2 NAME	yichael Set
	4514 NW 194 th Strut
CITY-ST-ZIP 1.4 CITY-S1-ZIP	4514 NW 144 1151
TITLE DELETE 21 TITLE V	Change Addition
NAME 22 NAME V	andon White
STREET ADDRESS 2.3 STREET ADDRESS 7.	
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<del></del>	Change Addition
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PROFES ADDRESS	me of Merita
STREET ADDRESS 3.3 STREET ADDRESS 8	Philo Charman Circle - North
STREET ADDRESS         3.3 STREET ADDRESS           CITY - ST - ZIP         3.4 . CITY - ST - ZIP	8610 Sherman Circle - North Milliam FC 33025
STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         3.4 CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE         3	8610 Sherman Circle - North Mikimay FC 33035  Change Maddition
STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         3.4. CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE           NAME         4.2 NAME         4.2 NAME	8610 Sherman Circle - North Mikimay FC 33035  Change Maddition
STREET ADDRESS   3.3 STREET ADDRESS   3.4 C(TY-ST-ZIP   3.4 C(TY	8610 Sherman Circle - North Mikimay FC 33025  D Change MAddition  EUNICE Tate 829 N.E 154 Atgent
STREET ADDRESS   3.3 STREET ADDRESS   3.4 C(TY-ST-ZIP   3.4 C(TY	B610 Sherman Circle - North Mirman F 33035  D Change Maddition  EUNICC Tate  839 N.E 154 Atrect  N. Miami Beach fl. 33/62
STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP   4.2 NAME   4.2 NAME   4.2 NAME   4.3 STREET ADDRESS   4.3 STREET ADDRESS   4.4 CITY-ST-ZIP   4.4 CITY-ST-ZIP   5.3 TITLE	B610 Sherman Circle - North  Mikimar FC 33035  D Change SAddition  EUNICE Tate  829 N.E 154 Atrect  N. Liami Beach f1. 33/62  D Change SAddition
STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP   4.2 NAME   4.2 NAME   4.2 NAME   4.3 STREET ADDRESS   4.3 STREET ADDRESS   4.4 CITY-ST-ZIP   4.4 CITY-ST-ZIP   5.1 TITLE   DELETE   5.1 TITLE   5.1 TITLE   5.2 NAME   4.4 CITY-ST-ZIP   5.3 NAME   4.5 CITY-ST-ZIP   5.3 NAME   5.5 CITY-ST-ZIP   5.3 NAME   5.5 CITY-ST-ZIP   5.3 NAME   5.5 CITY-ST-ZIP   5.3 NAME   5.5 CITY-ST-ZIP   5.5 CITY-ST-ZIP   5.	B610 Sherman Circle - North Mirman F 33035  D Change Maddition  EUNICC Tate  839 N.E 154 Atrect  N. Miami Beach fl. 33/62
STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP   3.5 TREET ADDRESS   4.2 NAME   4.2 NAME   4.2 NAME   4.2 NAME   4.2 NAME   4.3 STREET ADDRESS   4.4 CITY-ST-ZIP   4.4 CITY-ST-ZIP   5.1 TITLE   DELETE   5.1 TITLE   5.2 NAME   5.2 NAME   5.3 STREET ADDRESS   5.3 STR	B610 Sherman Circle - North Mirman F 33025  D Change Maddition  EURICE Tate  829 N.E 154 Atrect N. Wiami Beach f1. 33/62  Vonne Grant  110PP S.W. 147 Place
STREET ADDRESS   33 STREET ADDRESS   34 CITY-ST-ZIP   34 CITY-ST-ZIP   34 CITY-ST-ZIP   37 CITY-ST-ZIP   37 CITY-ST-ZIP   37 CITY-ST-ZIP   38 CITY-ST-ZIP   39 CITY-ST-ZIP   3	B610 Sherman Circle - North  Mikimar F 33025  D Change Maddition  EURICC Tate  829 N.E 154 Arrect  N. Miami Brach fl. 33/62  Donne Grant  110PP S.W. 142 Place  Miami, fl. 33/96
STREET ADDRESS   33 STREET ADDRESS   34 CITY-ST-ZIP   34 CITY-ST-ZIP   34 CITY-ST-ZIP   34 CITY-ST-ZIP   34 CITY-ST-ZIP   35 STREET ADDRESS   35 STREET ADDRESS   35 STREET ADDRESS   36 STREET ADDRESS   36 STREET ADDRESS   36 STREET ADDRESS   37	B610 Sherman Circle - North Mirman F 33025  D Change Addition  EURICE Tate  829 N.E 154 Atrect N. Wiami Beach f1. 33/6>  Vonne Grant  110PP S.W. 147 Place Wiami f1.331Pb  W.D Change Addition
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STREET ADDRESS   33 STREET ADDRESS   34 CITY-ST-ZIP   34 CITY-ST-ZIP   34 CITY-ST-ZIP   37 CITY-ST-ZIP   37 CITY-ST-ZIP   37 CITY-ST-ZIP   38 CITY-ST-ZIP   39 CITY-ST-ZIP   3	B610 Sherman Circle - North Mirman F 33025  D Change Addition  EURICE Tate  829 N.E 154 Atrect N. Wiami Beach f1. 33/6>  Vonne Grant  110PP S.W. 147 Place Wiami f1.331Pb  W.D Change Addition

I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 charged, or on the alachment with an address.

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