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Apr 23 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra 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

4514 NW 194TH ST.
MIAMI FL 33055
US

4514 NW 194TH ST.
MIAMI FL 33055
US

3. Date Incorporated or Qualified

04/05/1996

4. FEI Number

65-0667807

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 173554

22 City & State

27 Hialeah, FL 33017-3554

23 Zip Country

28 33017-3554 U.S.A

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No N/A

9. Name and Address of Current Registered Agent

SCOTT, MICHAEL
4514 NW 194TH ST.
MIAMI FL 33055

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 P
NAME SCOTT, MICHAEL
STREET ADDRESS 4514 NW 194TH ST/
CITY-ST-ZIP MIAMI FL

TITLE V
NAME WHITE, VANDON
STREET ADDRESS 70 NW 209 ST.
CITY-ST-ZIP MIAMI FL

TITLE S
NAME SMITH, SOPHIA
STREET ADDRESS 8810 SHERMAN CIRCLE- NORTH
CITY-ST-ZIP MIRAMAR FL

TITLE D
NAME TATE, EUNICE
STREET ADDRESS 829 N.E. 154 ST.
CITY-ST-ZIP N. MIAMI BEACH FL

TITLE D
NAME GRANT, YVONNE
STREET ADDRESS 11088 S.W. 142 PLACE
CITY-ST-ZIP MIAMI FL

TITLE D
NAME FOULKES, EDDA
STREET ADDRESS 1711 N.W. 18 AVE.
CITY-ST-ZIP MIAMI FL

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.

SIGNATURE:

Michael Scott

4/10/98

(305) 835-7493

CR2E037 (10/97)