

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 JUL 26 AM 9: 36

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # P36460
1. Corporation Name
All Metro Aids of Florida, Inc

Principal Place of Business Mailing Address
**4337 North State Road 7
Lauderdale Lakes, FL 33319** **50 Broadway
Lynbrook, N.Y.
11563**
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3a. Date of Last Report	
21. Suite, Apt #, etc		26. Suite, Apt #, etc		65-0293167		11/19/91	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 193 (13), Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Schwartz, Howard 4337 North State Road 7 Lauderdale Lakes, FL 33319				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. State			
				85. Zip Code			
				FL			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature Required) _____ (Signature Required)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edwards, Glenn	1. NAME	
STREET ADDRESS	150 Broadway	1. STREET ADDRESS	000001547920
CITY, ST, ZIP	Lynbrook, N.Y. 11563	1. CITY, ST, ZIP	-07/27/95--01073--011
TITLE	VE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edwards, Irving	2. NAME	
STREET ADDRESS	50 Broadway	2. STREET ADDRESS	000001547920
CITY, ST, ZIP	Lynbrook, N.Y. 11563	2. CITY, ST, ZIP	-07/27/95--01073--012
TITLE	Schwartz, Howard	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schwartz, Howard	3. NAME	
STREET ADDRESS	4337 North State Rd 7	3. STREET ADDRESS	000001547920
CITY, ST, ZIP	Lauderdale Lakes, FL 33319	3. CITY, ST, ZIP	-07/27/95--01073--012
TITLE	VS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edwards, Irving	4. NAME	
STREET ADDRESS	50 Broadway	4. STREET ADDRESS	000001547920
CITY, ST, ZIP	Lynbrook, N.Y. 11563	4. CITY, ST, ZIP	-07/27/95--01073--012
TITLE	VS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edwards, Irving	5. NAME	
STREET ADDRESS	50 Broadway	5. STREET ADDRESS	000001547920
CITY, ST, ZIP	Lynbrook, N.Y. 11563	5. CITY, ST, ZIP	-07/27/95--01073--012
TITLE	VS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edwards, Irving	6. NAME	
STREET ADDRESS	50 Broadway	6. STREET ADDRESS	000001547920
CITY, ST, ZIP	Lynbrook, N.Y. 11563	6. CITY, ST, ZIP	-07/27/95--01073--012

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished, and checked and qualify for the exemption stated in Section 193 (13), 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 true owner or controller thereof and am responsible to prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, (changed or not as indicated) on this return.

SIGNATURE: *Irving Edwards* **IRVING EDWARDS** 7/18/95 - (916) 587-1200

AMENDED 07/05/95
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

RE-SIGNED 07/20/95

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P36509 (8)
 1. Corporation Name
KARISMA CORPORATION

Principal Place of Business Making Address
2430 POLK STREET HOLLYWOOD FL 33020 US
2430 POLK STREET HOLLYWOOD FL 33020 US

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Quashed: 11/21/1991
 3a. Date of Last Report: 04/08/1994
 4. FEI Number: 65-0295476
 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

2. Principal Place of Business Making Address
 27 **2117 HOLLYWOOD BLVD** 26 **P.O. Box 22-3817**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **SUITE # 5** 27
 City & State City & State
 23 **HOLLYWOOD, FL** 28 **HOLLYWOOD, FL**
 *Zip Country Zip Country
 24 **33020** 25 **USA** 29 **33022-3817** 30 **USA**

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
2117 HOLLYWOOD BLVD, SUITE # 5
 B3
 B4 City **HOLLYWOOD** FL B5 Zip Code **33020**

9. Name and Address of Current Registered Agent
ANIN, ROMAN P CMC
2430 POLK ST.
HOLLYWOOD FL 33020

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE: *[Signature]* 07/05/95
 Signature (typed or printed name of registered agent and fee applicable) NOTE: Registered Agent signature required when necessary

12. OFFICERS AND DIRECTORS
 TITLE: **PSID**
 NAME: **ANIN, ROMAN P**
 STREET ADDRESS: **2430 POLK ST.**
 CITY - ST - ZIP: **HOLLYWOOD FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
 1.1 TITLE: **P, T, S, D**
 1.2 NAME: **JOYCE A. McCall**
 1.3 STREET ADDRESS: **2430 POLK ST**
 1.4 CITY - ST - ZIP: **HOLLYWOOD, FL 33020**
 2.1 TITLE: Change Add
 2.2 NAME: **600001547666**
 2.3 STREET ADDRESS: **-07/27/95--01055--008**
 2.4 CITY - ST - ZIP: *******61-25 *****61-25**
 4.1 TITLE: Change Add
 4.2 NAME: Change Add
 5.1 TITLE: Change Add
 5.2 NAME: Change Add
 6.1 TITLE: Change Add
 6.2 NAME: Change Add
 6.3 STREET ADDRESS: Change Add
 6.4 CITY - ST - ZIP: Change Add

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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 secretary or other employee authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with address.
 SIGNATURE: *[Signature]* **JOYCE McCALL** 7-20-95 (305)
CMC 04/24/95 921-5588
 SIGNATURE AND PRINTED NAME OF SIGNER OFFICER OR DIRECTOR
CMC 07/05/95 (305) 921-5588

REMITTED BY MAY 1

DO NOT DETACH THIS STUFF

8

CONCERN

0000411 CP