

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000020803 (1)

1. Corporation Name

CAROLI PROPERTIES, INC.



Principal Place of Business

Mailing Address

177 OCEAN LN DR
EAST BLDG UNIT 1200
KEY-BISCAYNE FL 33149

615 Ocean Dr #7B
Key Biscayne
FL 33149

177 OCEAN LN DR
EAST BLDG UNIT 1200
KEY BISCAYNE FL 33149

615 Ocean Dr #7B
Key Biscayne FL
33149

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEBAG, ADRIEN
177 OCEAN LN DR
EAST BLDG UNIT 1200
KEY-BISCAYNE FL 33149

615 Ocean Dr #7B
Key Biscayne FL
33149

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 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 of person submitting this filing (must be typed and signed by the filer)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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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 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Adrien Sebag

Adrien SEBAG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02.23.96

305.361.0202

Date

Daytime Phone #

CR2E034 (12/95)