1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300036857 1. Corporation Name

CARCAND, INC.

Principal	Place	of Business	

Mailing Address

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90066 009 ***150.00



141 N US HWY 27 CLERMONT FL 34711 US	PO BOX 120861 CLERMONT FL 34711 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/21/1993					
2. Principal Place of Business	2a. Mailing Address			4. F	El Number		L	Applied For	
9700 5. Dixie Hwy	26 P.O. Box 6298			5	9-3186050			Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5 Cartificate of Status Desired			75 Additional ee Required				
City & State Miami, FL	City & State Miami, FL	City & State Miami, FL			lection Campaign Financing rust Fund Contribution		\$5.00 May Be Added to Fees		
Zip Country 25 USA		untry US		Р	his corporation owes the current ersonal Property Tax.		Yes		
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
SAMOLE, MYRON M 9700 S DIXIE HWY		81	Name						
		82	82 Street Address (P.O. Box Number is Not Acceptable)						
SUITE 1030 Miami FL 33156		83							
		84	City			FL	.	Zip Code	
 Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Sta 	502 and 607.1508, Florida Statutes, the atte of Florida. Such change was authorize	o by	the corporatio	oration s on's boar	submits this statement for the p rd of directors. I hereby accept	urpose of the appoi	changir ntment	ng its registered as registered	

agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change ☐ Addition ☐ DELETE 1.1 TITLE TITLE 1.2 NAME SAMOLE, MYRON M NAME 9700 S DIXIE HWY SUITE 1030 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE ΠΠE TD 2.1 TITLE HARTE, SAMUEL 2.2 NAME NAME STREET ADDRESS 7251 SW 129TH STREET 2.3 STREET ADDRESS MIAMI FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELE TE 3.1 TITLE TITLE NAME LEWIS, JOHN M. 3.2 NAME 9400 S. DADELAND BLVD. 3.3 STREET ADDRESS STREET ADDRESS MIAMI FL 34. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME KRASNOW, HERSHEL NAME 4.3 STREET ADDRESS 1111 KANE CONCOURSE STREET ADDRESS BAY HARBOR ISLAND FL 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SAMOLE, PRES. 4/29/99

CR2E034 (11/98)