

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # P93000038880 (9)**

1. Corporation Name  
**CARSAD CORPORATION**

Principal Place of Business  
**851 WESTWARD DR  
MIAMI SPRINGS FL 33166**

Mailing Address  
**851 WESTWARD DR  
MIAMI SPRINGS FL 33166-5163**

3. Date Incorporated or Qualified <b>06/01/1993</b>	3a. Date of Last Report <b>06/12/1996</b>
4. FEI Number <b>65-0414314</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent  
**GONZALEZ, MARIANO R JR.  
6950 NW 25 STREET  
MIAMI FL 33122**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CARDINI, ARMAND T SR.</b>	
STREET ADDRESS	<b>851 WESTWARD DR</b>	
CITY - ST - ZIP	<b>MIAMI SPRINGS FL 33166</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>CARDINI, ARMAND T JR.</b>	
STREET ADDRESS	<b>851 WESTWARD DR</b>	
CITY - ST - ZIP	<b>MIAMI SPRINGS FL 33166</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>CARDINI, FLORENCE D</b>	
STREET ADDRESS	<b>851 WESTWARD DR</b>	
CITY - ST - ZIP	<b>MIAMI SPRINGS FL 33166</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>SADLOFSKY, GLENN L</b>	
STREET ADDRESS	<b>9906 SW 193 ST</b>	
CITY - ST - ZIP	<b>MIAMI FL 33157</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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\*\*\*\*165.00 \*\*\*\*165.00

*Handwritten signature and date: 12/1/97*

14. I do 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 from an attachment with an address.

SIGNATURE: *Armand T. Cardini Sr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: \_\_\_\_\_ Daytime Phone: **(305) 885-2181**

CR2E034 (9/96)