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 # **P93000060249 (8)**

1. Corporation Name
THE BIG CARY, CORP.

Principal Place of Business
6917 COLLINS AVE
SUITE 1611
MIAMI BEACH FL 33141

Mailing Address
6917 COLLINS AVE
SUITE 1611
MIAMI BEACH FL 33141

3. Date Incorporated or Qualified: 08/27/1993
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0482472 ☐ Applied For ☐ Not Applicable
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
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**

CASTELLANO, BRENDA N
6917 COLLINS AVE
STE 611
MIAMI BEAHC FL 33141

10. **Name and Address of New Registered Agent**

81 Name: Nestor, Brenda
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: Miami Beach 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) Brenda Nestor, Chairman 4/16/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	CSD	☐ DELETE
NAME	CASTELLANO, BRENDA N	
STREET ADDRESS	6917 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEAHC FL	
TITLE	PD	☐ DELETE
NAME	MOTTRAM, LISA	
STREET ADDRESS	6917 COLLINS AVE	
CITY-ST-ZIP	MIAMI NBEACH FL	
TITLE	EVPD	☐ DELETE
NAME	COLVIN, MELVIN R	
STREET ADDRESS	6917 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEAHC FL	
TITLE	TAS	☐ DELETE
NAME	STRASSBERG, BLANCHE	
STREET ADDRESS	6917 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEAHC FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME	Nestor, Brenda	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	Miami Beach, FL 33141	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	Miami Beach, FL 33141	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	Miami Beach, FL 33141	
4.1 TITLE		☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	Miami Beach, FL 33141	
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		

CR2E034 (12/95)

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: (signature) 4/16/96 (305) 866-7272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Brenda Nestor