

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 # P93000062178 (7)

1. Corporation Name

CARINO DEVELOPMENT CORPORATION



Principal Place of Business

Mailing Address

45 CABBAGE ST
VALLE VERDE 5 PASIG
METRO MANILA, PHILIPPINES
OC

45 CABBAGE ST
VALLE VERDE 5 PASIG
METRO MANILA, PHILIPPINES
OC

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 2600 Maitland Center
Suite, Apt. #, etc.
Parkway, Suite 330,

22 City & State

27 Maitland, Florida

23 Zip Country

28 Zip Country

24 25

29 32751 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
09/07/1993

3a. Date of Last Report
01/27/1995

4. FEI Number
59-3199458

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

10. Name and Address of New Registered Agent

KARR, THOMAS J JR
201 S ORANGE AVE
SUITE 1010
ORLANDO FL 32801

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 Suite 330, Maitland,
84 City
Florida 32751 FL 85 Zip Code
32751

11. Pursuant to the provisions of Sections 607.0802 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

Johnnie P. James
Signature, typed or printed name of registered agent and title if applicable

Johnnie P. James

(NOTE: Registered Agent signature required when transferring)

5/28/96
DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME CARINO, NOEL M
STREET ADDRESS 45 CABBAGE ST VALLE VERDE 5 PASIG
CITY-ST-ZIP METRO MANILA, PHILIPPINES ☐ DELETE

TITLE D
NAME CARINO, ELIZABETH M
STREET ADDRESS 45 CABBAGE ST VALLE VERDE 5 PASIG
CITY-ST-ZIP METRO MANILA, PHILIPPINES ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

000001855570
-06/07/96--01040--036
***200.00

14. I do hereby certify that the information filed with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, further certify that the information indicated in this statement 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 change is on an attachment with an address.

SIGNATURE: MR. NOEL M. CARINO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)