

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000062182 (9)

1. Corporation Name

KARINO MANAGEMENT CORPORATION



Principal Place of Business

201 S ORANGE AVE
SUITE 1010
ORLANDO FL 32801

Mailing Address

201 S ORANGE AVE
SUITE 1010
ORLANDO FL 32801

2. Principal Place of Business

21 2600 Maitland Center Parkway

Suite, Apt. #, etc.

22 Suite 330

City & State

23 Maitland, FL

Zip

24 32751

Country

25 U.S.A.

2a. Mailing Address

26 2600 Maitland Center Parkway

Suite, Apt. #, etc.

27 Suite 330

City & State

28 Maitland FL

Zip

29 32751

Country

30 U.S.A.

3. Date Incorporated or Qualified

09/07/1993

3a. Date of Last Report

02/10/1995

4. FEI Number

59-3199459

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

Johnnie P. James Jr.

82 Street Address (P.O. Box Number is Not Acceptable)

2600 Maitland Center Parkway
Suite 330

83

84

City Maitland

FL

85 Zip Code 32751

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 Jr.

(Printed Name of Agent Signature Required When Submitting)

4/30/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME CARINO, NOEL M
STREET ADDRESS 45 CABBAGE ST VALLE VERDE 5 PASIG
CITY-ST-ZIP METRO MANILA, PHILLIPINES

TITLE ☐ DELETE

NAME CARINO, ELIZABETH M
STREET ADDRESS 45 CABBAGE ST VALLE VERDE 5 PASIG
CITY-ST-ZIP METRO MANILA, PHILLIPINES

TITLE ☐ DELETE

NAME KARR, THOMAS J JR
STREET ADDRESS 201 S ORANGE AVE SUITE 1010
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 or person 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:

Thomas J. Karr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96
Date

Dayton Phone #

CR2E034 (12/95)