

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # P94000021499

1. Corporation Name

CARI REAL, INC.

APPROVED  
AND  
FILED

95 MAY -1 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000001479870  
-05/09/95--01012--008  
\*\*\*\*200.00 \*\*\*\*200.00

Principal Place of Business

Mailing Address

345 Palermo Avenue  
Coral Gables, Fl. 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3/16/94

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

799 Brickell Plaza

4. FEI Number

65-0494692

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 900

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

Miami, Florida

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

33131

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Perlman and Faber, P.A.  
799 Brickell Plaza  
Suite 900  
Miami, Florida 33131

81 Name

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

83

84 City

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 (Print or printed name of registered agent and title of agent)

NOTE: Registered Agent signature required when terminating.

(DATE)

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY ST ZIP

GLASWAND, HERMANN  
P/T/S/D  
c/o 345 Palermo Avenue  
Coral Gables, Fl. 33134

☐ Change ☒ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY ST ZIP

☐ Change ☐ Addition

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 130.07(3)(a), Florida Statutes. I further certify that the information submitted 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 AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HERMANN GLASWAND, President

4/24/95