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Mar 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000036380 (1)

1. Corporation Name
CHARITZ, INC.



Principal Place of Business

% MICHAEL S. GREENE
201 S BISCAYNE BLVD SUITE 900
MIAMI FL 33131
US

Mailing Address

CHARITZ INC.
PO BOX 810864
BOCA RATON FL 33481-0864

3. Date Incorporated or Qualified
05/09/1994

3a. Date of Last Report
04/11/1996

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

Country

24.

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

Country

29.

30.

4. FEI Number

65-0489601

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 ☐

9. Name and Address of Current Registered Agent

GREENE, MICHAEL S
% ZUCKERMAN, SPAEDER, TAYLOR & EVANS
201 S BISCAYNE BLVD SUITE 900
MIAMI FL 33131

10. Name and Address of New Registered Agent

81. Name

Keith J. Kanouse, Esquire

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

Keith J. Kanouse, P.A.

83.

2424 N. Federal Highway, Suite 353

84. City

Boca Raton

FL

85. Zip Code

33431

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-25-97

12. OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE

NAME COHEN, LORI
STREET ADDRESS 901 N UNIVERSITY DR.
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE VT ☐ DELETE

NAME FERNANDEZ, SERGIO
STREET ADDRESS 5026 SW 147 PL
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

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, or on an attachment with an address.

SIGNATURE: Lori Cohen Cori Cohen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/97 (561) 852-3684
Date Daytime Phone #

CR2E034 (9/96)