

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 # **P94000038981 (4)**

1. Corporation Name

THE LITTLE CASTLE INC.



Principal Place of Business

**4210 COLLINS AVE.
MIAMI BEACH FL**

Mailing Address

**4210 COLLINS AVE.
MIAMI BEACH FL**

3. Date Incorporated or Qualified
05/24/1994

3a. Date of Last Report
07/24/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

26 **6962 COLLINS AVENUE**
27 Suite, Apt. #, etc.
28 **Ste 197**
29 City & State
30 **Miami Beach, FL 33141**

4. FEI Number
65-0492374

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

10. Name and Address of New Registered Agent

**CASTILLO, EUCARIS
4210 COLLINS AVE.
MIAMI BEACH FL 33147**

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 typed or printed name of registered agent and if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. NAME
2. STREET ADDRESS
3. CITY-ST-ZIP
4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY-ST-ZIP
8. TITLE
9. NAME
10. STREET ADDRESS
11. CITY-ST-ZIP
12. TITLE
13. NAME
14. STREET ADDRESS
15. CITY-ST-ZIP
16. TITLE
17. NAME
18. STREET ADDRESS
19. CITY-ST-ZIP
20. TITLE
21. NAME
22. STREET ADDRESS
23. CITY-ST-ZIP
24. TITLE
25. NAME
26. STREET ADDRESS
27. CITY-ST-ZIP
28. TITLE
29. NAME
30. STREET ADDRESS
31. CITY-ST-ZIP
32. TITLE
33. NAME
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37. NAME
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91. CITY-ST-ZIP
92. TITLE
93. NAME
94. STREET ADDRESS
95. CITY-ST-ZIP
96. TITLE
97. NAME
98. STREET ADDRESS
99. CITY-ST-ZIP
100. TITLE

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 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: **Eucaris Castillo**
Eucaris Castillo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/96

Daytime Phone #

CR2E034 (12/95)