

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 # P94000053784 (2)

1. Corporation Name

CARI INSURANCE AGENCY, INC. #2



Principal Place of Business

Mailing Address

14010 LEANING PINE DRIVE
HIALEAH FL 33014-2511

14010 LEANING PINE DRIVE
HIALEAH FL 33014-2511

3. Date Incorporated or Qualified
07/18/1994

3a. Date of Last Report
01/19/1995

2. Principal Place of Business

2a. Mailing Address

21 1633 N.W. 17th Ave.
Suite, Apt. #, etc.

26 1633 N.W. 17th Ave.
Suite, Apt. #, etc.

4. FEI Number

65-0512192

Applied For

Not Applicable

22 City & State

27 City & State

23 Hialeah, Florida

28 Hialeah, Florida

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip

Country

29 Zip

Country

33014

U.S.

33014

U.S.

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

ZALDIVAR, CARLOS
14010 LEANING PINE DRIVE
HIALEAH FL 33014-2511

81 Name

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

1633 N.W. 17th Ave

83

84 City

Hialeah, Fla.

FL

85 Zip Code

33014

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 date if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
D ZALDIVAR, CARLOS
STREET ADDRESS
14010 LEANING PINE DRIVE
CITY - ST - ZIP
HIALEAH FL 33014-2511

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
1633 N.W. 17th Ave
Hialeah, Fla. 33014

TITLE ☐ DELETE

NAME
D ZALDIVAR, EVA
STREET ADDRESS
14010 LEANING PINE DRIVE
CITY - ST - ZIP
HIALEAH FL 33014-2511

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
1633 N.W. 17th Ave
Hialeah, Fla. 33014

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 submitted 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96

Date

Daytime Phone #

CR2E034 (12/95)