

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

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PROFIT CORPORATION ANNUAL REPORT 1996

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

FILED  
96 NOV -8 PM 1:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PA4000062013**  
1. Corporation Name  
**SOUSMET CARROT INC**

Principal Place of Business Mailing Address  
**1410 W Flagler St.  
Miami - Fla 33125**

2. Principal Place of Business 2a. Mailing Address  
21 **1410 W Flagler Street** 26 **1410 W Flagler Street**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 Suite, Apt. #, etc. 27 **Miami**  
City & State 28 **Fla**  
City & State  
24 **33125** 25 Country 29 **3312** 30 Country

3. Date Incorporated or Qualified **8-23-94** 3a. Date of Last Report **8-95**  
4. FEI Number **65-0528145** 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  
**MARIO LAURER  
17011 NORTH BAY ROAD  
APT 916  
NORTH MIAMI FLA 33160**

10. Name and Address of New Registered Agent  
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 **Mario Laurer** DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME	<b>MARIO LAURER</b>	
STREET ADDRESS	<b>17011 N BAY RD APT 916</b>	
CITY-ST-ZIP	<b>N MIAMI FL 33160</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>600002003166</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>-11/13/96--01133--013</b>	
1.3 STREET ADDRESS	<b>****225.00 ****225.00</b>	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Mario Laurer** DATE \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (3/96)



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FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

September 23, 1996

GOURMET CARROT, INC.  
ATTN: MARIO LAUFER  
1410 W. FLAGLER ST  
MIAMI, FL 33135

SUBJECT: GOURMET CARROT, INC.  
Ref. Number: P94000062013

Thank you for your letter of September 5, 1996, which has been forwarded to me for response.

I have received the letter from Senator Gutman on your behalf, and your request to have the reinstatement fee waived. We will be able to waive the \$175.00 reinstatement fee, and file the annual report for \$200.00 if you provide a letter stating the reasons for your request to have the fee waived. Please return the completed report to my personal and confidential attention at the address below.

If you have any questions concerning the filing of your document, please call (904) 487-6059.

Sean Toner  
Senior Section Administrator

Letter Number: 596A00043679



10-9-96!

Sean Toner: Regarding your request  
I confirm the problem was me out  
of State at the time I received the Renewal  
form Corporation for 1996. —

I appreciate all you have done  
Thanks  
Mario Laufer