

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 # P94000071172 (8)

1. Corporation Name

KARENEW CORPORATION



Principal Place of Business

Mailing Address

7216 SW 8TH ST
STE 6
MIAMI FL 33144
US

140 SW 12TH ST
APT 30
MIAMI FL 33130
US

2. Principal Place of Business

2a. Mailing Address

21 140 SW - 12 Street

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 30

27

City & State

City & State

23 MIAMI Florida

28

Zip

Country

Zip

Country

24 33130

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NUFIEZ, AUTBERTO M
7216 SW 8TH ST
STE 6
MIAMI FL 33144

81 Name

NUÑEZ

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

140 SW - 12 Street

83

No. 30

84 City

MIAMI

FL

85 Zip Code

33130

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's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT
NAME AUTBERTO, NUNEZ M
STREET ADDRESS 140 SW 12TH ST APT 30
CITY-STATE-ZIP MIAMI FL

☐ DELETE

TITLE VP
NAME HUBER, ELENA I
STREET ADDRESS 2325 WEST 60 STREET, APT. 205-E
CITY-STATE-ZIP HIALEAH FL

☒ DELETE

TITLE S
NAME MORENO, LOURDES
STREET ADDRESS 140 SW 12TH ST APT 30
CITY-STATE-ZIP MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marg/16/96 (305) 579-1222

CR2E034 (12/95)