## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary № State DIVISION OF CORPORATIONS

1996 P94000087278 (5) DOCUMENT #
1. Corporation Name

CARRELL OF AMERICA INC

FILED 96 SEP -6 AH 9:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA



		VIENIOA, 1140.					
Principal Place of Business  9001 S.W. 40 BOTREET  MIAMI FL 20142-			Mailing Address  P.O. BOX \$61502  MIAMI FL \$3155	PO CON 450800			Sa Date of Lord Docard
						3. Date incorporated or Qualified 12/01/1994	\$a. Date of Last Report 12/19/1995
2. Principal Plac	e of Busine	Pinos Blud	2a. Mailing Address 26 PO BO	x 4502	809	4. FEI Number APPLIED FOR 65	Applied For Not Applicable
Suite, Apt. #,			Suite, Apt. #, etc			Certificate of Status Desired	\$8.75 Additional Fee Required
Corps State Cables FL			City & State			Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	143	Country USA	29 33240	Count	USA		s 🔲 No
	9. Name	and Address of Curr				10. Name and Address of New	Registered Agent
					81 Name		
ALONSO	. ALICIA			la la	82 Street Addre	ss (P.O. Box Nymber Is Not Accepte	ble)
		RIVER DR.		ļ,	/ <b>5.2</b> /	LOS PIROS BIO	/ <u>C'</u>
SUME 30				]"	<sup>23</sup>		(
miami fl	. 3 <del>3142</del>			[7	B4 City Con	an Capilas	FL 85 Zip Coole
-		ions of Captions 607 05	02 and 607 1508 Florida St	atutes the abov		tion as tenden this atatament for the re	urpose of changing Its registered office pointment as registered agent. I am
			orida. Such change was authoction 607.0505, Florida Stat		rporation's board	d of directors. I hereby accept the ap	pointment as registered agent. Fam
SIGNATURE _			d side M applicable	NOTE: Pagistered A	Agent signature required	(when reinstating)	DATE
12.	Signature, typed	or printed name of registered ag	AND DIRECTORS	13,	gon ag allo response	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	DP	OT TIOC TO	DELETE	1.1 10	LE .	LONEY, ALICIA	Change Addition
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		DX-351502 N/A		1.3 STF			115
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appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ED NAME OF SIGNING OFFICER OF DIRECTOR

4/51/90 666 8119