

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	--

DOCUMENT # P95000017683 (0)

1. Corporation Name  
**CAR-RAY, INC.**



Principal Place of Business

Mailing Address

4905 NW 7TH AVE  
MIAMI FL 33127

4905 NW 7TH AVE  
MIAMI FL 33127

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **8962 SW 127 TER**

Suite, Apt. #, etc.

22

City & State

23 **MIAMI FL**

Zip

24 **33176**

Country

25 **USA**

2a. Mailing Address

26 **8962 SW 127 TER**

Suite, Apt. #, etc.

27

City & State

28 **MIAMI FL**

Zip

29 **33176**

Country

30 **USA**

3. Date Incorporated or Qualified

**03/03/1995**

4. FEI Number

**NOT APPLICABLE**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**CAREY, ADONIS L**  
**4905 NW 7TH AVE**  
**MIAMI FL 33127**

10. Name and Address of New Registered Agent

81 Name **GILBERT, RAYNARD**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**8962 SW 127 TER**  
83  
84 City **MIAMI** FL 85 Zip Code **33176**

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

**GILBERT RAYNARD (DC DPVT)**

*Raynard Gilbert*

**4-25-98**

Signature, typed or printed name of registered agent, and date, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DC** ☒ DELETE

NAME **CAREY, ADONIS L**  
STREET ADDRESS **4905 NW 7TH AVE**  
CITY-ST-ZIP **MIAMI FL 33127**

TITLE **DPVT** ☐ DELETE

NAME **GILBERT, RAYNARD G**  
STREET ADDRESS **4905 NW 7TH AVE**  
CITY-ST-ZIP **MIAMI FL 33127**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**FATHER  
DECEASED**

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**DC DPVT  
GILBERT, RAYNARD  
8962 SW 127 TER  
MIAMI FL 33176**

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Raynard Gilbert*

**4-25-98**

**33176**

CR2E034 (10/97)