

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.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jul 29 1996 8:00 am
Secretary of State

DOCUMENT # P95000039727 (9)
1. Corporation Name

CIARRA HOLDINGS, INC.

Principal Place of Business
5293 SOUTH WEST 40TH AVENUE
FORT LAUDERDALE FL 33314

Mailing Address
5293 SOUTH WEST 40TH AVENUE
FORT LAUDERDALE FL 33314

2. Principal Place of Business
21 2404 Hollywood Blvd
Suite, Apt #, etc.

2a. Mailing Address
26 2404 Hollywood Blvd
Suite, Apt #, etc.

22 City & State
23 Hollywood Florida
24 Zip 33020

27 City & State
28 Hollywood Florida
29 Zip 33020

25 Country U.S.A.

30 Country U.S.A.

9. Name and Address of Current Registered Agent

BUROFSKY, CANDACE
5293 SOUTH WEST 40TH AVENUE
FORT LAUDERDALE FL 33314

3. Date Incorporated or Qualified
05/18/1995

3a. Date of Last Report

4. FEI Number
65-0585807

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

10. Name and Address of New Registered Agent

81 Name MARC BUROFSKY

82 Street Address (P.O. Box Number is Not Acceptable)
2404 Hollywood Blvd.

83
84 City Hollywood

FL 85 Zip Code 33020

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.

6-7-96

SIGNATURE

Signature type for printed name of registered agent and typed address

(If the Registered Agent's signature is required when registering)

(Date)

12. OFFICERS AND DIRECTORS

TITLE PVST
NAME BUROFSKY, CANDACE
STREET ADDRESS 5293 SOUTH WEST 40TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33314 ☒ DELETE

TITLE D
NAME BUROFSKY, CANDACE
STREET ADDRESS 5293 SOUTH WEST 40TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33314 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PVST
12 NAME BUROFSKY, MARC
13 STREET ADDRESS 2404 HOLLYWOOD BLVD
14 CITY-ST-ZIP HOLLYWOOD, FL 33020 ☐ Change ☒ Addition

21 TITLE D
22 NAME BUROFSKY, MARC
23 STREET ADDRESS 2404 HOLLYWOOD BLVD
24 CITY-ST-ZIP HOLLYWOOD, FL 33020 ☐ Change ☒ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

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: MARC J BUROFSKY 6/24/96 9549238811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR