

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 # P95000042936 (1)

1. Corporation Name

CARLI ENTERPRISE, INC.



Principal Place of Business

Mailing Address

9915 SW 140 ST.
MIAMI FL 33176

9915 SW 140 ST.
MIAMI FL 33176

3. Date Incorporated or Qualified

3a. Date of Last Report

06/02/1995

2. Principal Place of Business

2a. Mailing Address

21 10261 SW 142 ST MIAMI FL 33176

26 10261 SW 142 ST MIAMI FL 33176

4. FEI Number

Applied For

650584622

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324

81 Name

MARTTI KALKAS

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

15419 S.W. 54 St.

83

84 City

MIAMI

FL

85 Zip Code

33185

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 P.P. Martti Kalkas.

MARTTI KALKAS

4/30/96

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME DA CUNHA, CARLOS
STREET ADDRESS 9915 SW 140 ST.
CITY-ST-ZIP MIAMI FL 33176

1.1 TITLE D
1.2 NAME DA CUNHA, CARLOS HENRIQUE
1.3 STREET ADDRESS 10261 SW 142 ST
1.4 CITY-ST-ZIP MIAMI FL 33176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE P
2.2 NAME DA CUNHA, LILIAN A.B.
2.3 STREET ADDRESS 10261 SW 142 ST
2.4 CITY-ST-ZIP MIAMI FL 33176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lilian Ana Blumenthal da Cunha

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LILIAN ANA BLUMENTHAL DA CUNHA

4/30/1996 (805) 2386699

DATE

Daytime Phone #

CR2E034 (12/95)