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

DOCUMENT # P95000059844 (7)

1. Corporation Name

CARINI INC.

Principal Place of Business	Mailing Address
% FRED WEINSTEIN. P.A. 1903 S. CONGRESS AVENUE. SUITE 310 BOYNTON BEACH FL 33426	% FRED WEINSTEIN. P.A. 1903 S. CONGRESS AVENUE. SUITE 310 BOYNTON BEACH FL 33426

3. Date Incorporated or Qualified: 08/02/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 2905-D N. Military Trail
Suite, Apt. #, etc
22:
23 City & State: West Palm Beach, Florida
24 Zip: 33407
25 Country: U.S.A.

2a. Mailing Address
26: 2905-D Military Trail
Suite, Apt. #, etc
27:
28 City & State: West Palm Beach, FL
29 Zip: 33407
30 Country: USA

4. FEI Number: 65-0600374 ☐ 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

9. **Name and Address of Current Registered Agent**

CAVALIERI, VITO
9145 PICOT COURT
BOYNTON BEACH FL 33437

10. **Name and Address of New Registered Agent**
81 Name: Natale Scalabrino
82 Street Address (P.O. Box Number is Not Acceptable): 5661 Descartes Circle
83
84 City: Boynton Beach FL
85 Zip Code: 33437

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: Natale Scalabrino — DATE: 6/10/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PSTD	☐ DELETE
NAME	CAVALIERI, VITO	
STREET ADDRESS	% 1903 S. CONGRESS AVENUE, SUITE 310	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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	PD	☒ Change ☐ Addition
1.2 NAME	NATALE SCALABRINO	
1.3 STREET ADDRESS	2905-D N. Military Trail	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33407	
2.1 TITLE	VD	☐ Change ☒ Addition
2.2 NAME	JOSEPH COVELLO	
2.3 STREET ADDRESS	2905-D N. Military Trail	
2.4 CITY-ST-ZIP	West Palm Beach, FL 33407	
3.1 TITLE	S	☐ Change ☒ Addition
3.2 NAME	Lena Covello	
3.3 STREET ADDRESS	2905 D, N. Military Trail	
3.4 CITY-ST-ZIP	West Palm Beach, FL 33407	
4.1 TITLE	T	☐ Change ☒ Addition
4.2 NAME	Francine Scalabrino	
4.3 STREET ADDRESS	2905 D, N MILITARY TRAIL	
4.4 CITY-ST-ZIP	West Palm Beach, FL 33407	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: Natale Scalabrino — Date: 6/10/96 — Daytime Phone #: 407-687-2260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Natale Scalabrino