

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 # P95000064979 (4)

1. Corporation Name

CARRIAGE WORKS LTD., INC.



Principal Place of Business

7712 ALTAMIRA ST  
CORAL GABLES FL 33146/3-6244

Mailing Address

7712 ALTAMIRA ST  
CORAL GABLES FL 33146/3-6244

2. Principal Place of Business

2a. Mailing Address

21 SAIA

26 SAIA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIEGMEISTER, WILLIAM I  
7712 ALTAMIRA ST  
CORAL GABLES FL 33146

81 Name

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

83

84 City

FL

85 Zip Code

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

William I. Siegmeister

William I. Siegmeister

4/4/96

Signature, typed or printed name of registered agent and date of signature

(NOTE: Registered Agent signature required when filing this report)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME SIEGMEISTER, WILLIAM I  
STREET ADDRESS 7712 ALTAMIRA ST  
CITY - ST - ZIP CORAL GABLES FL 33146

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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STREET ADDRESS  
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CITY - ST - ZIP

DELETE

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:

William I. Siegmeister

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96

220.9400

DATE

Day/End Phone #

CR2E034 (12/95)