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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000025141 (8)

ALPHONSO CARIOTI ENTERPRISES, INC.

FILED Feb 04 1997 8:00am Secretary of State

| District Files | and Decimand | 14. Una Addana | | | | | |
|---|--|---|--|--|--|--|--|
| Principal Place of Business Mailing Address | | | | | | | |
| 2180 NE 67TH SUITE #711 FT LAUDERDA | | SUITE #711 | 2180 NE 67TH ST SUITE #711 FT LAUDERDALE FL 33308-1139 | | | | |
| TI CHOOCHOP | TT ENGLEDALE TE GOOD! | TURLE 12 SOCIETIES | | 3. Date Incorporated or Qualified 3a. Date of Last Report 03/18/1996 n/a | | | |
| 2. Principal F | Place of Business | 2a. Mailing Address | | | 4 FEI Number Applied Cor | | |
| 21 | | 26 | | | 65-0660307 Not Applicable | | |
| Suite, Apt. #, etc | | Suite, Apt, #, etc. | | | 5. Certificate of Status Desired \$8.75 Additional | | |
| 22 | | 27 | | | Fee Required | | |
| City & State | | City & State | | | 6. Election Campaign Financing \$5.00 May Be | | |
| 23 | | 28 | | | Trust Fund Contribution Added to Fees | | |
| Z _i p | Country | Zip | Country | ′ | 8. This corporation has liability for intangible tax under s. 199.032, | | |
| 24 | 25 | | 0 | | Fkorida Statutes Yes No | | |
| | 9, Name and Address of Curr | ent Hegistered Agent | 81 | Name | 10. Name and Address of New Registered Agent | | |
| | RIOTI, ALPHONSO | | " | Name | | | |
| | 30 NE 67TH ST | | 82 | Street Ad | Address (P.O. Box Number is Not Acceptable) | | |
| 1 | ITE #711 | | 83 | | | | |
| FI | LAUDERDALE FL 33308 | | 63 | • | | | |
| | | • | 84 | City | FL 85 Zip Code | | |
| 11. Pursuant office or agent. I a | to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obl | ite of Florida. Such change was au ligations of, Section 607.0505, Flori | thorized by da Statute | y the corpo s. | corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered | | |
| SIGNATURE | B-24 | | Alpho | nso_(| Carioti President 1-28-97 | | |
| 12. | Signature, typed or procedinams of registered a | agent and title if approable. (NOTE NDD DIRECTORS | 13. | ent signature re | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TILE | OFFICERO | DELETE | 1,1 TITLE | | ☐ Change ☑ Addition | | |
| NAME | | | 1.2 NAME |]. | Alphonso Carioti, President | | |
| STREET ADORESS | | | 1.3 STREET ADDRESS | | 2180 NE 67th Street, #711 | | |
| CITY-ST-ZIP | 1 | | 1.4 CITY-1 |) . | Fort Lauderdale, FL 33308 | | |
| TITLE | | DELETE | 2.1 TITLE | | Change Addition | | |
| NAME | 1 | | 2.2 NAME | 1 | - • • • • • • • • • • • • • • • • • • • | | |
| STREET ADDRESS | | | 2.3 STREE | r Annerss | | | |
| CITY-ST-ZIP | | | 2.4 CITY- | | MA STATE OF THE ST | | |
| TITLE | | | 3.1 TITLE | | Change Addition | | |
| NAME | | | 3.2 NAME | - | | | |
| STREET ADDRESS | | | 33 STREE | T ADDRESS | | | |
| CITY-SI-7IP | | • | 3 4. CITY+ST-ZIP | | | | |
| TITLE | DELETE 4: | | 4.1 TITLE | | ☐ Change ☐ Addition | | |
| NAME | | | 4. 2 NAME |) | | | |
| STREET ADDRESS | | | 4.3 STREE | T ADDRESS | | | |
| CITY-ST-2IF | | | 4.4 CITY - 3 | ST-ZIP | | | |
| TITLE | | DELETE | 5.1 TITLE | | Change Addition | | |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | • | 5.3 STAEE | T ADDRESS | | | |
| City-ST-ZIP | | | 5.4 CITY - | ST-ZIP | | | |
| TITLE | | ☐ DEL€TE | 6.1 TITLE | ļ | . Change Addition | | |
| NAME | 1 | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 63 STREE | T ADDRESS | | | |
| City-\$1-Zip | | | 6.4 C(TY- | | | | |
| 14. I do here | by certify that the information supp | lied with this filing does not qualify | for the exe | emption sta | ated in Section 119.07(3)(i), Florida Statutes. I further certify that the | | |

4. I do 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 suppliemental 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 of 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 only an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR MINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayti

Daytime Phone #