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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 07 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000031358 (0)

CARLYLE INVESTMENT GROUP, INC.

I do hereby certify that the information information indicated on this armual ref I am an officer or director of the corpor appears in Block 12 or Block 18 if ch

Principal Plac 2005 S. BAYSH SUITE COI MIAMO FL 3313:	IORE DRIVE	2665 S SUITE	Mailing Address 2665 S. BAYSHORE DRIVE SUITE 601 MIAMI FL 33133-5401									
•							}	3. Date Incorporated or Qualified 04/10/1996	3a , Da	te of Last R	teport	
,	lace of Business	2a. M.	ailing Address					4. FEI Number		X Ar	oplied For	
21		26									ot Applicable	
Suite, Apt.		27 St						5. Certificate of Status Desired		,	Additional equired	
City & Stat	e	Ci	City & State					6. Election Campaign Financing	_	\$5.00	May Be	
23		28						Trust Fund Contribution	. Ц		to Fees	
Zip	Country	Z ₁	ρ	}q	ountry			8. This corporation has liability for	_ ~ ~	tax under s No	199.032,	
24]	25] 9. Name and Address of Curre	29 29	ad Anent	30				Florida Statutes 10. Name and Address of New Re				
SH V	A. CARLOS E	in Hogiston	ou Agont		81	Name		to, Hame and Address of from the	gisterou z	.gom	· · · · · · · · · · · · · · · · · · ·	
	S S. BAYSHORE DRIVE											
	E 601		8			Street	et Address	ddress (P.O. Box Number is Not Acceptable)				
-	VII FL 33133				83							
						·						
					84	City			FL	B5 Zip	Code	
office or r	egistered agent, or both, in the Stat im familiar with, and accept the obtained a Signature, typed or proved name of registered a	le of Florida. gations of, Si	Such change was ection 607.0505, i	s authori <i>z</i> Florida St	ed by atutes	the co	orporation	ation submits this statement for the particles board of directors. I hereby acception the pressure of the pres	of the appoint	intment as	registered	
12.	OFFICERS A	ND DIRECTO		13				ADDITIONS/CHANGES TO OFFICE	ERS AND		₹S IN 12	
TITLE	PTD CAPAGE		DELF1E	11	TITLE					Change	Addition	
NAME	SILVA, CARLOS E 2005 S. BAYSHORE DR. SUIT	PE 801		12	NAME							
STREET ADDRESS	MIAMI FL 33133	IE 001				ADDRESS	S					
-City-ST-ZIP	SVD		DELETE		CITY-S	1 - ZIP				Change	Addition	
TITLE I NAME	MACHIN, ROGER			1	NAME		1			Change	L Addition	
STREET ADDRESS	2665 S. BAYSHORE DR. SUI	TE 601				ADDRESS						
CITY-ST-ZIP	MIAMI FL 33133				CITY-S		,					
TITLE			DELETE		TITLE	11- <u>K</u> 11	+			Change	Addition	
NAME				32	NAME							
STREET ADDRESS				33	STREET	ADDRESS	s Ì					
CATY-ST-ZIP				3.4.	CITY-S	51 · Z(P	.]					
TITLE			DELETE	4.1	THLE					Change	Addition	
NAME				4 2	NAME							
STREET ADDRESS				4.3	STREET	ADDRESS	S					
CITY-ST-ZIP			DE STE		CITY-S	T-ZIP					1 1 1 1 2 2 2 2	
TITLE			LT DELETE		THLE			10000208	:138	∃ ¹Inange	☐ Addition	
NAME					NAME			-02/07/970104	1800	17		
STREET ADDRESS				- 1		ADDRESS	·	***165.00				
CTTY-ST-ZIP			DELETE		CILY ST	ı · ZIP			···	Change	Addition	
NAME			_ 3,,,,,,	1	NAME					_ ,		
STREET ADDRESS				1		ADDRESS	,)		1/2	2-	1	
CITY ST. 210					Offy.S				VID	0	•	

filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the half annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that ye or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name adminish with an address.