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 # P9600058505 (4)

CARRASCO MANAGEMENT, INC.

FILED May 02 1997 8:00am Secretary of State



Principal Place 820 NW 173 S MIAMI FL 3301	STREET APT 723	6220 NW 1	Mailing Address 6220 NW 173 STREET APT 723 MIAMI FL 33015-4528				T TETTITET IN 1919 ÎNNI ESTIN SPIK SENN DOM SUAT ILIAN DIN DIN DOM NA 1918			
							3. Date Incorporated or Qualified 07/12/1996	3a. Dat	e of Last f	leport
2. Principal Pi 21] 23リ 生	ace of Business of States	26. Mailing 26. 234	Address 5 W 5	212	/		4. FEI Number 65 - 068 3335			pplied For ot Applicable
Suite, Apt		Suite, A	Apt. #, etc.		<u></u>	· · · · · · · · · · · · · · · · · · ·	Certificate of Status Desired	/	\$8.75	Additional
City & State		27 City & 5	State .				6. Election Campaign Financing			equired May Be
23 Hich	leah, th	28 +	lalea	· · · · ·	<u>-L</u> _		Trust Fund Contribution		Added	to Fees
330 4 330	Country 25 USA	Zip 29 330	016	30 Co	untry	۲.	8. This corporation has liability for Florida Statutes		ax under s No	s. 199 .032,
<u> حمد اد</u>	9, Name and Address of Cur			190		• •	10. Name and Address of New Re			
CAR	RASCO, ANGEL E				81 Na	ne				
6220 N.W. 173RD STREET 82 Street Ac						et Addre	dress (P.O. Box Number is Not Acceptable)			
#72										
MIAI	WI FL 33015				83					
					84 City	/		FL	85 Zip	Code
SIGNATURE		agent and little if applicabl AND DIRECTORS	DELETE	13.		ature require	d when reinstaling) ADDITIONS/CHANGES TO OFFICE		DIRECTO	RS IN 12
NAMI	CARRASCO, FERNANDO A		LI DELETE	1	TITLE NAME		4HE		race C	OP Addition
STREET ADDRESS	6220 NW 173 STREET APT	723			STREET ADDA		ahe		11/10	-
CITY ST-70°	MIAMI FL 33015			1.40	CITY-ST-ZIP	121	27 E		1 17 14	-
lift(D		DELETE	211	TITLE	V			Change	Addition
NAME	CARRASCO, ANGEL J	700			NAME	1	AHE	(2)	range	200
STREET ADDRESS	6220 NW 173 STREET APT MIAMI FL 33015	123			STREET ADDRI	\$\$ \	AHE		177	le.
CHY-S1-ZIP TITLE	WILMIN LT 00010		DELETE		CITY-ST-ZIP TITLE				Change	Addition
NAME			CO would		NAME :					
STREET ADORESS				3.3 3	STREET ADDRI	SS				
CITY-ST-ZIP				3.4.	CITY-ST-ZIP					
TOTLE			DELETE	4.1	TITLE				Change	Addition
3MAM					NAME					
STREET ADDRESS					STREET AODR	SS				
CHY-ST-2P THEF			DELETE		CITY-ST-ZIP TITLE			······································	Change	Addition
NAM:					NAME					
STREET ADOPESS				1	STREET ADOR	SS				
City \$1-26°				5.4	CITY-ST-ZIP					
MILE			DELETE	6.1	TITLE				Change	Addition
NAME				6.2	NAME					
STREET ADDRESS					STREET ADDA	SS				
CITY SE ZIP		Francis and Alice Const.		64	CITY-ST-ZIP		in Contine 110 07/2VIV Elevide Contri	a LE albar	a a stife , the a	t the

Facine recovered that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this availabling port 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 of the receiver or truestee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13

SIGNATURE: