



PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name

KARLA REID INC.

Principal Place of Business

Mailing Address

8517 N.W. 66 STREET
MIAMI FL 33166
US

8517 N.W. 66 STREET
MIAMI FL 33166
US

2. Principal Place of Business

2a. Mailing Address

21	KARLA REID, INC.
	Suite, Apt., Etc.
22	6505 N.W. 68 ST.
	City
	MIAMI, FL 33166

26 KARLA REID, INC.
Suite Apt. #, etc.
27 8505 N.W. 66 ST.
City & MIAMI, FL 33166

Zip	Country
24	25

Zip	Country
29	30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified 02/22/1991		3a. Date of Last Report 05/01/1995	
4. FEI Number 65-0246326		Applied For Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

~~MALAGON, ESTHER
7935 SW 86 ST
MIAMI FL 33143~~

81	Name	Jocelyn Bay		
82	Street Address (P.O. Box Number is Not Acceptable)	6220 S.W. 431st		
83		Apt 103		
84	City	FL	85	Zip Code
	Miami			33185

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Jocelyn Baey

Signatures typed or printed (name of the person) appear on the application.

NOTE: Regression analysis of the dependent variable, $\Delta \ln \text{SOP}$, on the independent variable, $\Delta \ln \text{SOP}$, for each of the

DATE 1/23/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PICHARDO, ISABEL	
STREET ADDRESS	5304 SW 152 CT	
CITY-ST-ZIP	MIAMI FL	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

☐ DELETE

TITLE _____
NAME _____
STREET ADDRESS _____
CITY - ST - ZIP _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY - ST - ZIP		

2 1 TITLE ☐ Change ☐ Addition

2 2 NAME

2 3 STREET ADDRESS

2 4 CITY ST ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

5.1 TITLE	9000001808105	Change	<input type="checkbox"/> Addition
5.2 NAME	-05/06/96--01014--037		
5.3 STREET ADDRESS	***200.00		
5.4 CITY, ST, ZIP			

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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: Asael Ricardo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 (305) 477-7920

CR2E034 (12/95)