

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S40240 (1)**

1. Corporation Name  
**KAR-TAINER INTERNATIONAL, INC.**



Principal Place of Business: **7933 N.W. 21ST ST. MIAMI FL 33122**  
Mailing Address: **7933 N.W. 21ST ST. MIAMI FL 33122**

3. Date Incorporated or Qualified: **03/25/1991**  
3a. Date of Last Report: **03/31/1995**  
4. FEI Number: **65-0252817**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21 8000 N.W. 29th St.**  
22. Suite, Apt. #, etc.:  
23. City & State: **MIAMI, FL**  
24. Zip: **33122** 25. Country: **U.S.A.**  
2a. Mailing Address: **26 8000 N.W. 29th St.**  
27. Suite, Apt. #, etc.:  
28. City & State: **Miami, FL**  
29. Zip: **33122** 30. Country: **U.S.A.**

9. Name and Address of Current Registered Agent: **COX, RICHARD 8501 S.W. 92 STREET MIAMI FL 33156**  
10. Name and Address of New Registered Agent:  
81. None  
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 607.1506, 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: *Richard Cox* **Richard Cox President 2/15/96**  
DATE: **2/15/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE: <b>P</b>	2. NAME: <b>COX, RICHARD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. STREET ADDRESS: <b>8501 S.W. 92 STREET</b>	4. CITY-STATE-ZIP: <b>MIAMI FL 33156</b>	1.2 NAME	
5. TITLE: <b>D</b>	6. NAME: <b>LEWINSOHN, MAX</b>	1.3 STREET ADDRESS	
7. STREET ADDRESS: <b>TANYARD MANOR</b>	8. CITY-STATE-ZIP: <b>SUSSEX UK</b>	1.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE: <b>D</b>	10. NAME: <b>BLODGETT, HERB</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS: <b>167 EAST 61 ST., APT 31C</b>	12. CITY-STATE-ZIP: <b>NEW YORK NY 10021</b>	2.2 NAME	
13. TITLE: <b>S</b>	14. NAME: <b>CARROLL, MIKE</b>	2.3 STREET ADDRESS	
15. STREET ADDRESS: <b>TANKARD MANOR</b>	16. CITY-STATE-ZIP: <b>SUSSEX UK</b>	2.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE: <input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME: <input type="checkbox"/> DELETE		3.2 NAME	
19. STREET ADDRESS: <input type="checkbox"/> DELETE		3.3 STREET ADDRESS	
20. CITY-STATE-ZIP: <input type="checkbox"/> DELETE		3.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE: <input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME: <input type="checkbox"/> DELETE		4.2 NAME	
23. STREET ADDRESS: <input type="checkbox"/> DELETE		4.3 STREET ADDRESS	
24. CITY-STATE-ZIP: <input type="checkbox"/> DELETE		4.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
25. TITLE: <input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. NAME: <input type="checkbox"/> DELETE		5.2 NAME	
27. STREET ADDRESS: <input type="checkbox"/> DELETE		5.3 STREET ADDRESS	
28. CITY-STATE-ZIP: <input type="checkbox"/> DELETE		5.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
29. TITLE: <input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
30. NAME: <input type="checkbox"/> DELETE		6.2 NAME	
31. STREET ADDRESS: <input type="checkbox"/> DELETE		6.3 STREET ADDRESS	
32. CITY-STATE-ZIP: <input type="checkbox"/> DELETE		6.4 CITY-STATE-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 in this report, or on an attachment with an address.

SIGNATURE: *Richard Cox* **RICHARD COX, PRESIDENT 2/15/96 (305) 594-0944**

CR2E034 (12/95)