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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED May 05 1997 8:00am Secretary of State

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DOCU 1. Corporatio CAROL	MENT # V27768 CRIVARO, INC.	3 (3)		j (pai) bjjeja sjaŭ rkoji sadin bija:	E(I BIAI) GIBII BIBII BIBII BIBII BIBII
Principal Place of Business Mailing Address 18889 NW 64TH COURT MIAMI FL 33015 MIAMI FL 33015-4714			1000		
				3. Date Incorporated or Qualified 04/10/1992	38. Date of Last Report 08/01/1996
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite, Apt	# elc	Suite, Apt. #, etc.		65-0325415	Not Applicable \$8.75 Additional
22	1, 000	27		5. Certificate of Status Desired	Fee Required
City & Stat	i!	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Ζφ	Country	28	Country	Trust Fund Contribution	Added to Fees
24	25	├ ── '	30	Florida Statutes	or intangible tax under s. 199.032, Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New I	Registered Agent
	VARO, CAROL 69 NW 64 CT		81 Name		
	MI FL 33015		82 Street	Address (P.O. Box Number is Not Accept	able)
•			83	- Marin	
			84 City		85 Zip Code
11 Dawnwell	to the are is one of Castions 607.05	02 and 607 1509 Florida Statuto	s the above named	Lograngian pulmite this statement for the	
SIGNATURE	Stip abore typed or protect name of registered ag	gent and bille if applicable. (NOTE	Registered Agent signature		CATE
12.	OFFICERS AN	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTORS IN 12 Change Addition
NAME	CRIVARO, CAROL		1.2 NAME		Es vising: Es riconicii
STREET ACCURAGE	18869 NW 64TH COURT		1.3 STREET ADDRESS		
CHY-S1 ZIF	MIAMI FL	T Driver	1.4 CITY-ST-ZIP		
Table NAME		☐ DELETE	2.1 TITLE 2.2 NAME		Change Addition
STREET ADDRESS			2.3 STREET ADDRESS		
C(h) -S1-7iP			2. 4 CITY - \$1 - ZIP		
Thir		☐ DELETE	3.1 TITLE		Change Addition
NAME			3 2 NAME		!
STREET ADDRESS			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
CHY-ST-ZIP TRUE	. ,	DELETE	4.1 TITLE	<u> </u>	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHY-ST 7F		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		[OCC. 11	5.2 NAME		בי Angula בי אמלונוסוו
STREET ADDRESS			5.3 STREET ADDRESS	1 · · · · · · · · · · · · · · · · · · ·	
City-St 79			5.4 CITY-ST-ZIP		
Titul		☐ DELETE	6.1 TITLE		Change Addition
NAMS			62 NAME		
STREET ACTORESS			6.3 STREET ADDRESS		
City, \$1, 70					

14. 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 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 33 if changed, or on an augmentation an address.

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