

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V39715 (0)

1. Corporation Name
CARPI CORPORATION

Principal Place of Business

3128 N FEDERAL HWY
LIGHTHOUSE POINT FL 33064
US

Mailing Address

3128 N. FEDERAL HWY
SUITE 0-305
LIGHTHOUSE POINT FL 33064
US



2. Principal Place of Business
21 557606 ARBOR CLUB WAY
Suite, Apt. #, etc.
22
City & State
23 BOCA RATON, FLORIDA
Zip
24 33433
Country
25 USA
26 557606 ARBOR CLUB WAY
Suite, Apt. #, etc.
27
City & State
28 BOCA RATON, FLORIDA
Zip
29 33433
Country
30 USA

3. Date Incorporated or Qualified 05/29/1992
3a. Date of Last Report 04/28/1995
4. FEI Number 65-0336278
Applied For
Not Applicable
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

9. Name and Address of Current Registered Agent

SLOSBERGAS, NELSON
520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name GEORGE BEFELER
82 Street Address (P.O. Box Number is Not Acceptable)
150 WEST FLORIDA STREET SUITE 2701
83
84 City MIAMI
FL 85 Zip Code 33130

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	PINTO, CELSO RODRIGUE	1.2 NAME	
STREET ADDRESS	557606 ARBOR CLUB WAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

Celso Rodrique Pinto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96

Date

407-362-8625

Daytime Phone #

CR2E034 (12/95)