

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**  
95 JUN 12 AM 9:02

**DOCUMENT # P21364 (5)**

1. Corporation Name  
**CARLSEN & CO. INC.**

Principal Place of Business  
**2121 PONCE DE LEON BLVD. #950  
CORAL GABLES FL 33134**

Mailing Address  
**2121 PONCE DE LEON BLVD. #950  
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE.

|                                |  |                     |  |  |  |  |  |
|--------------------------------|--|---------------------|--|--|--|--|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified<br><b>10/20/1988</b>   |  | 3a. Date of Last Report<br><b>10/07/1994</b> |  |
| 21                             |  | 26                  |  | 4. FEI Number<br><b>65-0067725</b>   |  | Applied For<br>Not Applicable                |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  | 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$8.75 Additional Fee Required</b>        |  |
| 22                             |  | 27                  |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  |  | <b>\$5.00 May Be Added to Fees</b>           |  |
| City & State                   |  | City & State        |  | 7. This corporation has liability for withholding tax under s. 169.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |
| 23                             |  | 28                  |  |  |  |  |  |
| Zip <b>33134-5218</b>          |  | Country             |  | 29 <b>33134-5218</b>   |  | 30   |  |

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 8. Name and Address of Current Registered Agent   |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| <b>BODIN, PAUL D</b><br><b>2121 PONCE DE LEON BLVD., #950</b><br><b>CORAL SPRINGS FL 33134-5218</b> |  |  |  | 81 Name   |  |  |  |
|   |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|   |  |  |  | 83  |  |  |  |
|   |  |  |  | 84 City <b>CORAL GABLES FL</b>                        |  |  |  |

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 officer 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|------------------------------------|---|--|
| TITLE                      | <b>PSD</b>                         | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>BODIN, PAUL D.</b>              | 1.2 NAME  |  |
| STREET ADDRESS             | <b>121 FRANCIS ST.</b>             | 1.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | <b>WORCESTER MA</b>                | 1.4 CITY - ST - ZIP                                   |  |
| TITLE                      | <b>D</b>                           | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>GRAHAM, BERNARD F.</b>          | 2.2 NAME  |  |
| STREET ADDRESS             | <b>117 E 57TH ST APT 23-D</b>      | 2.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | <b>NEW YORK NY</b>                 | 2.4 CITY - ST - ZIP                                   |  |
| TITLE                      | <b>V</b>                           | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CARDONA, HECTOR</b>             | 3.2 NAME  | <b>DAVID C ORTIZ</b>   |
| STREET ADDRESS             | <b>16475 GOLF CLUB RD., #9-305</b> | 3.3 STREET ADDRESS                                    | <b>1446 LENOX AVENUE</b>   |
| CITY - ST - ZIP            | <b>FT LAUDERDALE FL 33134-5218</b> | 3.4 CITY - ST - ZIP                                   | <b>MIAMI BEACH, FL 33139</b>   |
| TITLE                      |                                    | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                    | 4.2 NAME  |  |
| STREET ADDRESS             |                                    | 4.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                                    | 4.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                                    | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                    | 5.2 NAME  |  |
| STREET ADDRESS             |                                    | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                                    | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                                    | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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)(b), 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 in an attachment with an address.

SIGNATURE: *Paul D. Bodin* June 7, 1995 (305) 442-7047  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number  
**PAUL DAVID BODIN**

CR2E034 (3/95)