

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **F95000004669 (6)**

1. Corporation Name
CALMON ASSOCIATES, LTD. INCORPORATED



Principal Place of Business Mailing Address
P.O. BOX 936060 MARGATE FL 33093-6060 **P.O. BOX 936060 MARGATE FL 33093-6060**

3. Date Incorporated or Qualified **09/26/1995** 3a. Date of Last Report
 4. FEI Number **52-1295324** 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

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt #, etc 26 Suite, Apt #, etc
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
MANTILLA, ALVARO
6199 OLD COURT RD. #704
BOCA RATON FL 33433

10. Name and Address of New Registered Agent
 81 Name **HENRY LUCAS**
 82 Street Address (P.O. Box Number is Not Acceptable)
806 CYPRESS GROVE LANE
 83 **# 503**
 84 City **POMPANNO BEACH** FL 85 Zip Code **33069**

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 **Henry J. Lucas** *Henry J. Lucas* **7/9/96**
Signature of the corporation or registered agent and date if applicable. (NOTE: Registered Agent signature is required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	CPDT	<input type="checkbox"/> DELETE
NAME	MONTANARO, LISANDRO	
STREET ADDRESS	5101 RIVER RD	
CITY-ST-ZIP	BETHESDA MD 20816	
TITLE	CVD	<input type="checkbox"/> DELETE
NAME	MONTANARO, ADOLFO	
STREET ADDRESS	5609 ARTESIAN DR.	
CITY-ST-ZIP	DERWOOD MD 20855	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MONTANARO, CAROLYN	
STREET ADDRESS	5609 ARTESIAN DR.	
CITY-ST-ZIP	DERWOOD MD 20855	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lisandro Montanaro* **7/9/96** **(954) 968-4661**
Original Phone #
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LISANDRO MONTANARO

CR2E034 (3/96)