


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

FILED

**Apr 10 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **F 95000004669**
1. Corporation Name
CALMON ASSOCIATES, LTD.

Principal Place of Business: **2122 BLOUNT RD. P.O. BOX 936060 MIAMI, FL 33093**
Mailing Address: **P.O. BOX 527261 MIAMI, FL 33093**

2. Principal Place of Business: **5772 NW 98th PL**
2a. Mailing Address: **P.O. BOX 527261**
22. City & State: **MIAMI FL**
23. City & State: **MIAMI FL**
24. Zip: **33178** 25. Country: **DADE** 29. Zip: **33152** 30. Country: **DADE**

3. Date Incorporated or Qualified: **SEPT. 26, 1995** 3a. Date of Last Report: **07/09/96**
4. FEI Number: **52-1295324**
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
**HENRY LUCAS
806 CYPRESS GROVE LANE, # 503
POMPANO BEACH, FL 33069**

10. Name and Address of New Registered Agent
81. Name
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 607.1508, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

| | |
|----------------|---|
| TITLE | PRESIDENT <input type="checkbox"/> DELETE |
| NAME | LISANDRO MONTANARO |
| STREET ADDRESS | 5101 RIVER ROAD |
| CITY-ST-ZIP | BETHESDA, MD. 20816 |
| TITLE | VICE PRESIDENT <input type="checkbox"/> DELETE |
| NAME | ADOLFO MONTANARO |
| STREET ADDRESS | 5609 ARTESIAN DR. |
| CITY-ST-ZIP | DERWOOD, MD. 20855 |
| TITLE | SECRETARY <input type="checkbox"/> DELETE |
| NAME | CAROLYN MONTANARO |
| STREET ADDRESS | 5609 ARTESIAN DR. |
| CITY-ST-ZIP | DERWOOD, MD. 20855 |
| TITLE | TREASURER <input type="checkbox"/> DELETE |
| NAME | LISANDRO MONTANARO |
| STREET ADDRESS | 5101 RIVER RD |
| CITY-ST-ZIP | BETHESDA, MD. 20816 |
| 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 | |

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*****165.00**

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 13 if changed, or in an attachment with an address.

SIGNATURE: **Lisandro Montanaro** **PRESIDENT** **04/01/97** **(305) 418-4192**
LISANDRO MONTANARO

CR2E034 (9/96)