

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

FILED
Feb 16 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # F95000004669 (6)
 1. Corporation Name
CALMON ASSOCIATES, LTD. INCORPORATED



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|--|--|
| Principal Place of Business 5772 NW 96TH PL MIAMI FL 33178 | Mailing Address P.O. BOX 527261 MIAMI FL 33152 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|---------------------------|--|---|--|
| 2. Principal Place of Business 21 11371 NW 64 TERRACE | | 2a. Mailing Address 26 | | 3. Date Incorporated or Qualified 09/26/1995 | |
| Suite, Apt #, etc. 22 | | Suite, Apt #, etc. 27 | | 4. FEI Number 52-1295324 | |
| City & State 23 MIAMI FL | | City & State 28 | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 24 33178 | | Zip 29 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Country 25 | | Country 30 | | 7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|--|--|--|--|---|-------------|
| 9. Name and Address of Current Registered Agent LUCAS, HENRY 806 CYPRESS GROVE LANE #503 POMPANNO 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 | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MONTANARO, LISANDRO | 1.2 NAME | |
| STREET ADDRESS | 5101 RIVER RD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BETHESDA MD 20816 | 1.4 CITY-ST-ZIP | |
| TITLE | VP <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MONTANARO, ADOLFO | 2.2 NAME | |
| STREET ADDRESS | 5609 ARTESIAN DR. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | DERWOOD MD 20855 | 2.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MONTANARO, CAROLYN | 3.2 NAME | |
| STREET ADDRESS | 5609 ARTESIAN DR. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | DERWOOD MD 20855 | 3.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MONTANARO, LISANDRO | 4.2 NAME | |
| STREET ADDRESS | 5101 RIVER RD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | BETHESDA MD 20816 | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 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 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* **2-10-98 (305) 418-4192**

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