

R MAY 1ST IS \$550.00

FILED
Feb 16, 1999 8:00am
Secretary of State

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02-16-1999 90033 017 ****158.75

DOCUMENT # F95000004669

1. Corporation Name
CALMON ASSOCIATES, LTD. INCORPORATED



DO NOT WRITE IN THIS SPACE

Principal Place of Business
11371 NW 64TH TERR
MIAMI FL 33178
US

Mailing Address
P.O. BOX 527261
MIAMI FL 33152

3. Date Incorporated or Qualified
09/26/1995

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUCAS, HENRY
806 CYPRESS GROVE LANE #503
POMPANO BEACH FL 33069

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	MONTANARO, LISANDRO	5101 RIVER RD BETHESDA MD 20816		<input type="checkbox"/>
VP	MONTANARO, ADOLFO	5609 ARTESIAN DR. DERWOOD MD 20855		<input type="checkbox"/>
S	MONTANARO, CAROLYN	5609 ARTESIAN DR. DERWOOD MD 20855		<input type="checkbox"/>
T	MONTANARO, LISANDRO	5101 RIVER RD BETHESDA MD 20816		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
1.1	1.2	1.3	1.4		<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.2	2.3	2.4		<input type="checkbox"/>	<input type="checkbox"/>
3.1	3.2	3.3	3.4		<input type="checkbox"/>	<input type="checkbox"/>
4.1	4.2	4.3	4.4		<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1	5.2	5.3	5.4		<input type="checkbox"/>	<input type="checkbox"/>
6.1	6.2	6.3	6.4		<input type="checkbox"/>	<input type="checkbox"/>

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Lisandro Montanaro*
DATE: JAN. 15, 1999
Daytime Phone # (305) 418-4197

CR2E034 (1/98)