


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

FILED
Apr 24 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P92000008170 (2)

1. Corporation Name
CAMADI CORPORATION



| | |
|---|---|
| Principal Place of Business 906 ALCAZAR AVE SUITE 803 CORAL GABLES FL 33134 US | Mailing Address 306 ALCAZAR AVE. STE 303 CORAL GABLES FL 33134-4318 US |
|---|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 11/30/1992 | 3a. Date of Last Report 07/30/1996 |
|--|--|

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

| | |
|---|--|
| 4. FEI Number 65-0374720 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**SIMAN, MAURICIO J.
 906 PALERMO AVE.
 CORAL GABLES FL 33134**

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's signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|-------------------------------------|
| TITLE | PD <input type="checkbox"/> DELETE |
| NAME | SIMAN, MAURICIO J. |
| STREET ADDRESS | 906 PALERMO AVE. |
| CITY-ST-ZIP | CORAL GABLES FL |
| TITLE | DS <input type="checkbox"/> DELETE |
| NAME | SIMAN, SARA L |
| STREET ADDRESS | 906 PALERMO AVE |
| CITY-ST-ZIP | CORAL GABLES FL |
| TITLE | VTD <input type="checkbox"/> DELETE |
| NAME | FERNANDEZ, CARMEN SIMAN |
| STREET ADDRESS | 442 ARAGON AVE. |
| CITY-ST-ZIP | CORAL GABLES FL |
| TITLE | VD <input type="checkbox"/> DELETE |
| NAME | SIMAN, MAURICIO V. |
| STREET ADDRESS | 906 PALERMO AVE. |
| CITY-ST-ZIP | CORAL GABLES FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | SIMAN, DIEGO L |
| STREET ADDRESS | 906 PALERMO AVE |
| CITY-ST-ZIP | CORAL GABLES FL |
| 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 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 amendment with an address.

SIGNATURE: _____

CR2E034 (9/96)