

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # P93000043942 (0)

1. Corporation Name
S.W.S. CAMSAS, INC.

95 APR -4 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
801 W 41 ST
3RD FLR
MIAMI BCH FL 33140
US

Mailing Address
801 W 41 ST
3RD FLR
MIAMI BCH FL 33140
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/22/1993

3a. Date of Last Report
04/04/1994

4. FEI Number
65-0418338

Applied For
 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
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

City & State
23

Zip
24

Country
25

City & State
27

City & State
28

Zip
29

Country
30

9. Name and Address of Current Registered Agent

PADRON, ENRIQUE
801 W 41 ST
3RD FLR
MIAMI BCH FL 33140

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when consisting)

12. OFFICERS AND DIRECTORS

TITLE DP
NAME SHULEVITZ, JOSEPH
STREET ADDRESS 801 W 41 ST 3RD FLR
CITY-ST-ZIP MIAMI BCH FL

TITLE DVS
NAME SHULEVITZ, DAVID
STREET ADDRESS 801 W 41 ST 3RD FLR
CITY-ST-ZIP MIAMI BCH FL

TITLE DV
NAME HOFFMAN, NORMAN
STREET ADDRESS 801 W 41 ST 3RD FLR
CITY-ST-ZIP MIAMI BCH FL

TITLE TS
NAME PADRON, ENRIQUE
STREET ADDRESS 801 W 41 ST 3RD FLR
CITY-ST-ZIP MIAMI BCH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CEO, DIRECTOR Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE PRESIDENT, SECRETARY, DIRECTOR Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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 in person; 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: ENRIQUE PADRON 3-30-95 (305)521-4048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)