

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

**FILED**  
**Apr 28 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 # P95000017306 (8)**

1. Corporation Name  
**CAMAS CONSTRUCTION CORP.**



Principal Place of Business  
**14107 S.W. 55TH ST.  
 MIAMI FL 33175**

Mailing Address  
**14107 S.W. 55TH ST.  
 MIAMI FL 33175-5956**

3. Date Incorporated or Qualified  
**03/02/1995**

3a. Date of Last Report  
**07/16/1996**

21	21a. Principal Place of Business <b>14107 SW 55 ST.</b>	22	22a. Mailing Address <b>14107 SW 55 ST.</b>	4.	4. FEI Number <b>65-0562694</b>	Applied For	<input type="checkbox"/>	Not Applicable	
22	Suite, Apt #, etc.	27	Suite, Apt #, etc.	5.	5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b>	Additional Fee Required	
23	23. City & State <b>Miami - Florida</b>	28	28. City & State <b>Miami - Florida</b>	6.	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b>	May Be Added to Fees	
24	24. Zip <b>33175</b>	25	25. Country <b>USA</b>	29	29. Zip <b>33175</b>	30	30. Country <b>USA</b>	8.	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				10. Name and Address of New Registered Agent				
<b>CAMAS, MARIO J 14107 S.W. 55TH ST. MIAMI FL 33175</b>				81	Name			
				82	Street Address (P.O. Box Number is Not Acceptable)			
				83				
				84	City	<b>FL</b>	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, to 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: *Mario J. Camas* P.S.D. DATE: **4-20-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMAS, MARIO J</b>	1.2 NAME	
STREET ADDRESS	<b>14107 S.W. 55TH ST.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33175</b>	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		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	

**600002159926**  
**-04/30/97--01021--035**  
**\*\*\*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 on an attachment with an address.

SIGNATURE: *Mario J. Camas* DATE: **4-20-97** DAYTIME PHONE: **305-2207497**

CR2E034 (9/96)