

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000050453 (6)

1. Corporation Name
CA-ER CORP.



Principal Place of Business Mailing Address
19170 N.W. 88THCOURT CAMERON CIRCLE MIAMI FL 33015
19170 N.W. 88THCOURT CAMERON CIRCLE MIAMI FL 33015

3. Date Incorporated or Qualified 06/28/1995
3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc 26 Suite Apt #, etc
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number 65-0598151 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

9. Name and Address of Current Registered Agent
CARUNCHO & MUR, P.A.
2800 DOUGLAS ROAD
SUITE 501
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name ERIC FERNANDEZ
82 Street Address (P.O. Box Number is Not Acceptable) 19170 NW 88TH CT
83 CAMERON CIRCLE
84 City MIAMI FL 85 Zip Code 33015

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: *[Signature]* PRESIDENT (ERIC FERNANDEZ) 6-10-96
Signature, typed or printed name, of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS
TITLE SECRETARY DELETE
NAME CARY FERNANDEZ
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME NANCY FERNANDEZ
1.3 STREET ADDRESS 19170 NW 88TH CT
1.4 CITY-ST-ZIP MIAMI, FL 33015
2.1 TITLE M Change Addition
2.2 NAME KATRINA L. FERNANDEZ
2.3 STREET ADDRESS 19170 NW 88TH CT
2.4 CITY-ST-ZIP MIAMI, FL 33015
3.1 TITLE S Change Addition
3.2 NAME CANDICE A. FERNANDEZ
3.3 STREET ADDRESS 19170 NW 88TH CT
3.4 CITY-ST-ZIP MIAMI, FL 33015
4.1 TITLE T Change Addition
4.2 NAME LORENE C. FERNANDEZ
4.3 STREET ADDRESS 19170 NW 88TH CT
4.4 CITY-ST-ZIP MIAMI, FL 33015
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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* (ERIC FERNANDEZ) 6-10-96 305-8228416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)