


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

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**Feb 20 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # P97000015928 (9)**  
1. Corporation Name  
**CAMROS HOLDINGS, INC.**



Principal Place of Business: 2899 COLLINS AVE., STE. 729 MIAMI BEACH FL  
Mailing Address: 2899 COLLINS AVE., STE. 729 MIAMI BEACH FL

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 10541 SW. 40 ST		26 SAME		02/19/1997	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 MIAMI, FL		28 MIAMI, FL		05-0729450	
24 33165		29 MIAMI DADE		5. Certificate of Status Desired	
25 MIAMI DADE		30		6. Election Campaign Financing Trust Fund Contribution	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAGA, PA 101 MADEIRA AVE. CORAL GABLES FL 33134				81 Name ADRIANA CAMUSSO			
				82 Street Address (P.O. Box Number is Not Acceptable) 10541 SW 40 ST			
				83			
				84 City MIAMI			
				85 Zip Code 33165			

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1.1 TITLE	
NAME	ADRIANA CAMUSSO	1.2 NAME	
STREET ADDRESS	10541 SW 40 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33165	1.4 CITY-ST-ZIP	
TITLE	SECRETARY	2.1 TITLE	
NAME	ROBERTO C. CAMUSSO	2.2 NAME	
STREET ADDRESS	10541 SW 40 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33165	2.4 CITY-ST-ZIP	
TITLE	V. PRESIDENT	3.1 TITLE	
NAME	OSCAR BOSSO	3.2 NAME	
STREET ADDRESS	10541 SW 40 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33165	3.4 CITY-ST-ZIP	
TITLE	TREASURY	4.1 TITLE	
NAME	LIDIA BOSSO	4.2 NAME	
STREET ADDRESS	10541 SW 40 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33165	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Adriana Camusso* *1205224-2640*

CR2E034 (10/97)