

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 PM 12:10

DOCUMENT # 555577 (6)

1. Corporation Name

MICAM INDUSTRIES, INC.

Principal Place of Business

Mailing Address

2100 N. DIXIE HWY.
WILTON MANORS FL 33305

2100 N. DIXIE HWY.
WILTON MANORS FL 33305

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/09/1977

3a. Date of Last Report

02/01/1994

4. FBI Number

59-1779857

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 2010 NE 7 Ave.
Suite, Apt. #, etc.

26 P.O. Box 350335
Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 Dania, FL

City & State

28 Ft. Lauderdale, FL

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

Zip

Country

24 33304

25 USA

Zip

Country

29 33335

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARINELLI, ORLANDO M.
2100 NORTH DIXIE HIGHWAY
WILTON MANORS FL 33305

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2010 NE 7 Ave.

83

84 City
Dania

FL

85 Zip Code

33304

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	ST
NAME	MARINELLI, A. M.
STREET ADDRESS	2100 N DIXIE HWY
CITY - ST - ZIP	WILTON MANORS FL
TITLE	VD
NAME	MARINELLI, A M
STREET ADDRESS	2100 N DIXIE HWY
CITY - ST - ZIP	WILTON MANORS FL
TITLE	PD
NAME	MARINELLI, O M
STREET ADDRESS	2100 N DIXIE HWY
CITY - ST - ZIP	WILTON MANORS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	2010 NE 7 Ave.
1.4 CITY - ST - ZIP	Dania, FL 33304
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	Same as above
2.4 CITY - ST - ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	Same as above
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 110.07(3)(b), 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 affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature Number