

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

**FILED**

**Jan 22 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 489397 (0)**

1. Corporation Name: **CARMENATE, INC.**



Principal Place of Business	Mailing Address
<del>32300 NW 27th Ave</del> <del>MIAMI FL 33142</del> 7300 NW 27 Ave Miami, FL 33142	<del>2464 NW 11th Street</del> <del>MIAMI FL 33126-3143</del> 7300 NW 27 AVE Miami, FL 33142

2. Principal Place of Business	2a. Mailing Address
21. 7300 N W 27th AVE	26. 7300 N W 27 AVE
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State: Miami, FL	28. City & State: Miami, FL
24. Zip: 33142	29. Zip: 33142
25. Country	30. Country

3. Date Incorporated or Qualified	3a. Date of Last Report
11/12/1975	05/01/1996
4. FEI Number	Applied For
59-1656525	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

~~CARMENATE ADELAIDO~~  
~~2464 NORTHWEST 11TH STREET~~  
~~MIAMI FL~~

10. Name and Address of New Registered Agent

81. Name	NOEL QUINTANA
82. Street Address (P.O. Box Number is Not Acceptable)	7300 N W 27th AVE
83. City	MIAMI
84. State	FL
85. Zip Code	33142

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, 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]* PRES (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PTD	<input type="checkbox"/>
NAME	CARMENATE, ADELAIDO	
STREET ADDRESS	2464 NW 11TH ST	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	VSD	<input checked="" type="checkbox"/>
NAME	CARMENATE, GLADYS	
STREET ADDRESS	2464 NW 11TH ST	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	Vice Pres.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	ADELAIDO CARMENATE		
1.3 STREET ADDRESS	2464 NW 11 St Miami, FL 33125		
1.4 CITY-ST-ZIP			
2.1 TITLE	President	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	NOEL QUINTANA		
2.3 STREET ADDRESS	7300 N W 27th AVE		
2.4 CITY-ST-ZIP	MIAMI, FL 33142		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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, as changed, or in an attachment with an address.

SIGNATURE: *[Signature]* PRES Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

CR2E034 (9/96)