FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
~~2100 N. DIXIE HWY.~~ ~~WILTON MANORS FL 33305~~	~~2100 N. DIXIE HWY.~~ ~~WILTON MANORS FL 33305~~

3. Date Incorporated or Qualified: 12/09/1977
3a. Date of Last Report: 02/01/1994

2. Principal Place of Business	2a. Mailing Address
21 2010 NE 7 Ave.	26 P.O. Box 350335
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Dania, FL	City & State 28 Ft. Lauderdale, FL
Zip 24 33304 Country 25 USA	Zip 29 33335 Country 30 USA

4. FEI Number: 59-1779857 ☐ 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	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST	1.1 TITLE		☒ Change ☐ Addition
NAME	MARINELLI, A. M.	1.2 NAME		
STREET ADDRESS	~~2100 N DIXIE HWY~~	1.3 STREET ADDRESS	2010 NE 7 Ave.	
CITY-ST-ZIP	~~WILTON MANORS FL~~	1.4 CITY-ST-ZIP	Dania, FL 33304	
TITLE	VD	2.1 TITLE		☒ Change ☐ Addition
NAME	MARINELLI, A M	2.2 NAME		
STREET ADDRESS	~~2100 N DIXIE HWY~~	2.3 STREET ADDRESS	Same as above	
CITY-ST-ZIP	~~WILTON MANORS FL~~	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE		☒ Change ☐ Addition
NAME	MARINELLI, O M	3.2 NAME		
STREET ADDRESS	~~2100 N DIXIE HWY~~	3.3 STREET ADDRESS	same as above	
CITY-ST-ZIP	~~WILTON MANORS FL~~	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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 X in this.

SIGNATURE: Orlando M. Marinelli 1/29/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0218707 CP