

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 555577 (6)

1. Corporation Name
MICAM INDUSTRIES, INC.



Principal Place of Business
2010 NE 7 AVENUE
DANIA FL 33304
US

Mailing Address
80
P.O. BOX 350335
FT. LAUDERDALE FL 33335
US

3. Date Incorporated or Qualified 12/09/1977 3a. Date of Last Report 02/03/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1779857	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28		
Zip	Zip	Country	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

MARINELLI, ORLANDO M.
2010 NE 7TH AVENUE
DANIA FL 33304

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 reinstating)

DATE

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	2010 NE 7 AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DANIA FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	Change Addition
NAME	MARINELLI, A M	2.2 NAME	
STREET ADDRESS	2010 NE 7 AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DANIA FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	Change Addition
NAME	MARINELLI, O M	3.2 NAME	
STREET ADDRESS	2010 NE 7 AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DANIA 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/96

305
522 6676

Daytime Phone #

CP2E034 (12/95)