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 JAN 18 AM 8:20

DOCUMENT # 601348 (6)

1. Corporation Name

CHARLES M. INFANTE, INC.

Principal Place of Business	Mailing Address
333 NW 70 AVE PLANTATION FL 33317	333 NW 70 AVE PLANTATION FL 33317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/02/1969
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-1270231 — 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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes [ ] yes [ ] No

2. Principal Place of Business — 21 Street — 22 Suite, Apt # etc. — 23 City & State — 24 Zip — 25 Country

2a. Mailing Address — 26 Street — 27 Suite, Apt # etc. — 28 City & State — 29 Zip — 30 Country

9. **Name and Address of Current Registered Agent**

INFANTE,CHARLES M
333 NW 70 AVENUE
PLANTATION FL 33317

10. **Name and Address of New Registered Agent**

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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

12. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	INFANTE,CHARLES M
STREET ADDRESS	333 NW 70 AVENUE
CITY ST ZIP	PLANTATION FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

(Six blocks, each with TITLE, NAME, STREET ADDRESS, CITY ST ZIP and boxes [ ] Change [ ] Addition — blank)

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 address.

SIGNATURE: CHARLES M. INFANTE [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/95 (305) 581-6447

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