

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **658994** (9)

1. Corporation Name
CEMCO INTERNATIONAL CORP.



Principal Place of Business: 1260 EAST OAKLAND PARK BLVD. STE 202 FT. LAUDERDALE FL 33334
Mailing Address: 1260 EAST OAKLAND PARK BLVD. STE 202 FT. LAUDERDALE FL 33334

2. Principal Place of Business (21-24) and Mailing Address (2a-26) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: 03/12/1980
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1977879
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

GUSTAFSSON, CARL E.
2857 N.E. 25TH COURT
FT. LAUDERDALE FL 33305

10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (FL), Zip Code.

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0503, Florida Statutes.

SIGNATURE _____

Signature (title or printed name of registered agent) (see Section 607.0503, Florida Statutes)

Signature (title or printed name of registered agent) (see Section 607.0503, Florida Statutes)

DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP GUSTAFSSON, CARL E. 2857 N.E. 25TH CT. FT. LAUDERDALE FL	1. TITLE	[] Change [] Addition
NAME		2. NAME	
STREET ADDRESS		13. STREET ADDRESS	
CITY-STATE-ZIP		14. CITY-STATE-ZIP	
TITLE	VDS GUSTAFSSON, A. MARTA 2857 N.E. 25TH CT. FT. LAUDERDALE FL	2. TITLE	[] Change [] Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-STATE-ZIP		24. CITY-STATE-ZIP	
TITLE	[] DELETE	3. TITLE	[] Change [] Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-STATE-ZIP		34. CITY-STATE-ZIP	
TITLE	[] DELETE	4. TITLE	[] Change [] Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-STATE-ZIP		44. CITY-STATE-ZIP	
TITLE	[] DELETE	5. TITLE	[] Change [] Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-STATE-ZIP		54. CITY-STATE-ZIP	
TITLE	[] DELETE	6. TITLE	[] Change [] Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-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)(g), 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 person 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: _____

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 (305) 566-3878
Date: _____
Telephone: _____

CR2E034 (12/95)