

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 15 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 # **692386** (6)

1. Corporation Name  
**CAMILLE IMPORTS, INC.**



Principal Place of Business <b>5745 PINE TREE DRIVE MIAMI BEACH FL 33140</b>	Mailing Address <b>5745 PINE TREE DRIVE MIAMI BEACH FL 33140</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>9700 Collins Ave</b> Suite, Apt. #, etc. 22 <b>Ste 258</b> City & State 23 <b>Bay Harbour FL</b> Zip 24 <b>33154</b>		2a. Mailing Address 26 <b>1160 Kane Concourse</b> Suite, Apt. #, etc. 27 <b>Ste 204</b> City & State 28 <b>Bay Harbour Islands FL</b> Zip 29 <b>33154</b>		3. Date Incorporated or Qualified <b>06/26/1981</b>		3a. Date of Last Report <b>05/01/1996</b>	
				4. FEI Number <b>59-2105435</b>		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>WOOLFSON, LEONARD P</b> <b>5745 PINE TREE DRIVE</b> <b>MIAMI BEACH FL 33140</b>				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 85 Zip Code			

11. Pursuant to the provisions of Sections 607.0507 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 607.0507, Florida Statutes.

SIGNATURE *Leonard Woolfson* As Pres. DATE **9/2/97**  
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	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOOLFSON, LEONARD P</b>	1.2 NAME	
STREET ADDRESS	<b>5745 PINE TREE DRIVE</b>	1.3 STREET ADDRESS	<b>1160 Kane Concourse Ste 204</b>
CITY - ST - ZIP	<b>MIAMI BEACH FL</b>	1.4 CITY - ST - ZIP	<b>Bay Harbour Islands, FL 33154</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>BORINSKY, TERRI</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>5711 PINETREE DR</b>
CITY - ST - ZIP		2.4 CITY - ST - ZIP	<b>MIAMI BEACH, FL 33140</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 *Leonard Woolfson* As Pres. DATE **9/2/97**

CP2E034 (4/97)