

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham  
Secretary of State

1996 2896 B-906 NC

DOCUMENT # **F95000003034 (4)**

1. Corporation Name  
**CRAMIN, INC.**



Principal Place of Business Mailing Address  
**% JOSEPH M. FILLOY, CPA**  
**100 N. BISCAYNE BLVD. SUITE 700**  
**MIAMI FL 33132**

2. Principal Place of Business 2a. Mailing Address  
 21 State, Apt. #, etc. 26 State, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified **06/22/1995** 3a. Date of Last Report  
 4. FEI Number **52-1483312** 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  
**FILLOY, JOSEPH M CPA**  
**100 N. BISCAYNE BLVD**  
**SUITE 700**  
**MIAMI FL 33132**

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 (Print name, telephone number, and e-mail address) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	ESCOBAR RESTREPO, OCTAVO	2. NAME	
3. STREET ADDRESS	CALLE 34 #43 69	3. STREET ADDRESS	
4. CITY, ST, ZIP	MEDELLIN, COLUMBIA	4. CITY, ST, ZIP	
5. TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	VELASQUEZ FRANCO, JAIME	6. NAME	
7. STREET ADDRESS	CALLE 34 #43 69	7. STREET ADDRESS	
8. CITY, ST, ZIP	MEDELLIN, COLUMBIA	8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> DELETE	9.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST, ZIP		12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> DELETE	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, ST, ZIP		16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> DELETE	17.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY, ST, ZIP		20. 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, trustee or person 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**OCTAVIO ESCOBAR R.**  
 2/28/96 305-373-7515  
 Daytime Phone #

CR2E034 (12/95)