
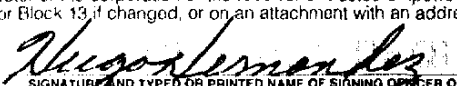


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 08 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F95000005859 (2)</b>					
1. Corporation Name <b>CARTAMEX, INC.</b>					
Principal Place of Business <del>3800 SOUTH TAMiami TRAIL NO. 307</del> <b>SARASOTA FL 34239</b>			Mailing Address <del>3800 SOUTH TAMiami TRAIL NO. 307</del> <b>SARASOTA FL 34239-5912</b>		
2. Principal Place of Business 21 <b>17th ST SARASOTA FL 34235</b>		2a. Mailing Address 26 <b>3466 17th ST SARASOTA FL 34235</b>		3. Date Incorporated or Qualified <b>12/01/1995</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. Date of Last Report <b>03/29/1996</b>	
22		27		4. FEI Number <b>36-3446906</b>	
City & State 23 <b>SARASOTA FL</b>		City & State 28 <b>SARASOTA FL</b>		Applied For Not Applicable	
Zip 24 <b>34235</b>		Country 25 <b>SARASOTA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
29		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>HERNANDEZ, HUGO</b> <del>3800 SOUTH TAMiami TRAIL NO. 307</del> <b>3466 17th ST</b> <del>SARASOTA FL 34239</del> <b>34235</b>		10. Name and Address of New Registered Agent			
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 NAME STREET ADDRESS CITY-ST-ZIP			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
P <b>HERNANDEZ, HUGO</b> <b>3800 SOUTH TAMiami TRAIL NO. 307</b> <b>SARASOTA FL 34239</b>			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3466 17th ST</b> <b>SARASOTA FL 34235</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
V <b>ALMAZAN, ARMANDO</b> <b>3743 WEST 26TH STREET</b> <b>CHICAGO IL 60623</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  <b>HUGO HERNANDEZ</b> 4-1-97 941 953-9002					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)