

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G62973** (4)
1. Corporation Name
CAMANA COLLECTION, INC.

Principal Place of Business: **1033 N.W. 20TH ST. MIAMI FL 33142 US**
Mailing Address: **1033 N.W. 20TH ST. MIAMI FL 33142 US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Organized: **09/27/1983**
3a. Date of Last Report: **02/24/1994**
4. FID Number: **59-2643258**
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 appointing the Secretary of State: Yes No

2. Principal Place of Business:
21. **2303 N.W. 20th St**
22. State: **FL**
23. City & State:
24. Zip: **33142**
25. Country:
26. Mailing Address:
26. **2303 N.W. 20th St**
27. State: **FL**
28. City & State:
29. Zip: **33142**
30. Country:

9. Name and Address of Current Registered Agent
PEREZ, CAMILO C. 1033 N.W. 20TH ST. MIAMI FL 33142 2303 N.W. 20th St

10. Name and Address of New Registered Agent
B1. Name
B2. Street Address (P.O. Box Number is Not Acceptable)
B3.
B4. City **FL** B5. Zip Code

11. Pursuant to the provisions of Sections 609, 610, and 617, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent to both in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment of its registered agent, Camilo Perez, and accept the resignation of the former agent, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN:	
NAME	STREET ADDRESS	NAME	STREET ADDRESS
1. NAME: PSD PEREZ, CAMILO C	1. STREET ADDRESS: 1850 S.W. 125TH CT. MIAMI FL	1. NAME	1. STREET ADDRESS
2. NAME	2. STREET ADDRESS	2. NAME	2. STREET ADDRESS
3. NAME	3. STREET ADDRESS	3. NAME	3. STREET ADDRESS
4. NAME	4. STREET ADDRESS	4. NAME	4. STREET ADDRESS
5. NAME	5. STREET ADDRESS	5. NAME	5. STREET ADDRESS
6. NAME	6. STREET ADDRESS	6. NAME	6. STREET ADDRESS
7. NAME	7. STREET ADDRESS	7. NAME	7. STREET ADDRESS
8. NAME	8. STREET ADDRESS	8. NAME	8. STREET ADDRESS
9. NAME	9. STREET ADDRESS	9. NAME	9. STREET ADDRESS
10. NAME	10. STREET ADDRESS	10. NAME	10. STREET ADDRESS
11. NAME	11. STREET ADDRESS	11. NAME	11. STREET ADDRESS
12. NAME	12. STREET ADDRESS	12. NAME	12. STREET ADDRESS
13. NAME	13. STREET ADDRESS	13. NAME	13. STREET ADDRESS
14. NAME	14. STREET ADDRESS	14. NAME	14. STREET ADDRESS
15. NAME	15. STREET ADDRESS	15. NAME	15. STREET ADDRESS
16. NAME	16. STREET ADDRESS	16. NAME	16. STREET ADDRESS
17. NAME	17. STREET ADDRESS	17. NAME	17. STREET ADDRESS
18. NAME	18. STREET ADDRESS	18. NAME	18. STREET ADDRESS
19. NAME	19. STREET ADDRESS	19. NAME	19. STREET ADDRESS
20. NAME	20. STREET ADDRESS	20. NAME	20. STREET ADDRESS

14. I, the undersigned, certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 609(7)(b), 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 holder of a power of attorney to execute this report as required by Chapter 609, Florida Statutes, and that my name appears on Block 1, or Block 1A of the report or is so indicated with an address.

SIGNATURE: **X** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-95 **X305-625-5052**