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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **G62973**

CAMANA COLLECTION, INC.

Principal Place of Business Mailing Address 2000 NW 20TH ST 2735 N.W. 21 St. 2000 NW. 20TH ST MIAMI FL 33142-7243 MIAMI FL 33142 HS 3. Date Incorporated or Qualified 3a. Date of Last Report 09/27/1983 04/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2643258 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent g, Name and Address of Current Registered Agent 81 Name PEREZ, CAMILO C. 2035 N.W. 2303 N.W. 20TH OT-Street Address (P.O. Box Number is Not Acceptable) MIAM! FL 33142 83 84 City Zip Code 11. Pursuant to the previsions 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. Familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typied or pentiod have eld registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 96/6) PSD Change DELETE Addition 101 E 1.1 TITLE 1850 6.W. 125TH CT. 2401 COllin NAME 1.2 NAME R2E034 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-SI Change ■ Addition 1011 21 TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-S1-ZIF DELETE Change Addition 3,1 TITLE TATLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. City-SI-ZiP OTY-ST-ZIP DEFELE Change Addition 4.1 TITLE TITLE NAME 4, 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP

64 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 eath; 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

5.1 TITLE 5.2 NAME

6.1 TITLE 6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

CITY - ST - ZIP

STREET ADDRESS CITY-S1-ZIP

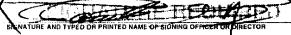
TITLE

NAME

TITLE

NAME STREET ADDRESS

CITY - ST - 7F



DELETE

DELETE

Change

Change

Addition

Addition

FILED

Apr 01 1997 8:00am

Secretary of State