FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 10:17

DOCUMENT # K22555 (2)

1. Corporation Name
CALEMAR CORPORATION

Principal Place of Business	Mailing Address
901 PONCE DE LEON BLVD., SUITE 304 CORAL GABLES FL 33134	901 PONCE DE LEON BLVD., SUITE 304 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/04/1988
3a. Date of Last Report: 02/11/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 65-0119478 ☐ 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

~~ROGUE, MICHELE~~
~~901 PONCE DE LEON BLVD., SUITE 304~~
~~CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent

81 Name: MARLENE BARQUEIRAS
82 Street Address (P.O. Box Number is Not Acceptable): 901 PONCE DE LEON BLVD. #304
83:
84 City: CORAL GABLES FL 85 Zip Code: 33134

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: ~~Michele Rogue~~ Marlene Barqueiras 1/9/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	~~ROGUE, MICHELE~~	12 NAME	MARLENE BARQUEIRAS	
STREET ADDRESS	~~901 PONCE DE LEON BL 304~~	13 STREET ADDRESS	901 PONCE DE LEON #304	
CITY-ST-ZIP	~~CORAL GABLES FL~~	14 CITY-ST-ZIP	CORAL GABLES, FL. 33134	
TITLE		21 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME		22 NAME	AMARILLYS RIVERA	
STREET ADDRESS		23 STREET ADDRESS	901 PONCE DE LEON BLVD. #304	
CITY-ST-ZIP		24 CITY-ST-ZIP	CORAL GABLES, FL. 33134	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 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: Amarillys Rivera Amarillys Rivera 1/9/95 441-2404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0137024 CP