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PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Apr 09 1996 8:00 am
Secretary of State

DOCUMENT # **L11562** **(0)**

1. Corporation Name
CALCO INTERNATIONAL INC.

Principal Place of Business
2055 NW 79 AVE
MIAMI FL 33122
US

Mailing Address
2055 NW 79 AVE
MIAMI FL 33122
US

3. Date Incorporated or Qualified: **08/23/1989**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 **2055 NW 79 AVE**
Suite, Apt. #, etc.
22 **--**
City & State
23 **MIAMI, FLORIDA**
Zip 24 **33122** Country 25 **DADE**

2a. Mailing Address
26 **SAME**
Suite, Apt. #, etc.
27
City & State
28 **MIAMI, FLORIDA**
Zip 29 **33122** Country 30 **DADE**

4. FEI Number: **65-0141348** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] **$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
IGLESIAS, LUCIA
2055 NW 79 AVE
MIAMI FL 33122

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	IGLESIAS, LUCIA	
STREET ADDRESS	12470 SW 9TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	[ ] DELETE
NAME	IGLESIAS, CESAR E.	
STREET ADDRESS	12470 SW 9TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	[ ] Change [ ] Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	[ ] Change [ ] Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	[ ] Change [ ] Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	[ ] Change [ ] Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	[ ] Change [ ] Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	[ ] Change [ ] Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: Lucia Iglesias 4/4/96 594-0723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (12/95)