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

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*SECRETARY OF STATE
*DIVISION OF CORPORATIONS
95 MAY 30 AM 8:17

DOCUMENT # **L25116** **(9)**

1. Corporation Name
CARVAJAL INTERNATIONAL INC.

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/25/1989
3a. Date of Last Report: 07/14/1994

2. Principal Place of Business — 21: 901 Ponce de Leon Blvd.
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22: Suite 901
Suite, Apt. #, etc. — 27:
City & State — 23: Coral Gables, FL
City & State — 28:
Zip — 24: 33134
Country — 25: USA
Zip — 29:
Country — 30:

4. FEI Number: 06-0944313 ☐ 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

PIEDRAHITA, FRANCISCO
901 PONCE DE LEON BLVD.
SUITE 901
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: MARIA ELENA RUBIO
82 Street Address (P.O. Box Number is Not Acceptable): 901 Ponce de Leon Blvd. Suite 901
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: Maria E. Rubio — 5/24/95
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	DC CARVAJAL, ALBERT JOSE ~~717 PONCE DE LEON BLVD.~~ ~~CORAL GABLES FL~~	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☑ Change ☐ Addition DC Alberto Jose Carvajal 901 Ponce de Leon Blvd. Suite 901 Coral Gables, FL 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ~~PIEDRAHITA, FRANCISCO~~ ~~717 PONCE DE LEON BLVD.~~ ~~CORAL GABLES FL~~	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☑ Addition PD Luis Camilo Alvarez 901 Ponce de Leon Blvd. Suite 901 Coral Gables, FL 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☑ Addition SD Jorge Hernando Carvajal 901 Ponce de Leon Blvd. Suite 901 Coral Gables, FL 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☑ Addition Assist. S. Maria Elena Rubio 901 Ponce de Leon Blvd. Suite 901 Coral Gables, FL 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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)(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: Maria E. Rubio — 5/24/95 — (305) 448-6875
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Maria Elena Rubio

0137818 CP