

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **M37473** (9)

1. Corporation Name

**CAMEC CALIFORNIA MANUFACTURING EXPORT CORPORATION**



Principal Place of Business

Mailing Address

**C/O PAULA AVELAR  
9349 SOUTHWEST 144TH PLACE  
MIAMI FL 33186-1087**

**C/O PAULA AVELAR  
9349 SOUTHWEST 144TH PLACE  
MIAMI FL 33186-1087**

2. Principal Place of Business

2a. Mailing Address

21 **9280 Southwest 150 Avenue**

26 **9280 Southwest 150 Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 105**

27 **Suite 105**

City & State

City & State

23 **Miami, Florida**

28 **Miami, Florida**

Zip

Country

Zip

Country

24 **33196**

25 **Dade**

29 **33196**

30 **Dade**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AVELAR, PAULA  
9349 SOUTHWEST 144TH PLACE  
MIAMI FL 33186**

81 Name **Ana Husk**

82 Street Address (P.O. Box Number is Not Acceptable)  
**9280 Southwest 150 Avenue**

83 **Suite 105**

84 City **Miami**

FL

85 **33196**

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

*Ana Husk*  
Signature, typed or printed name of registered agent and one if applicable

*ANA HUSK*  
Signature, typed or printed name of registered agent and one if applicable

(NOTE: If registered agent signature is present, the corporation is not required to file this statement.)

**03/14/96**  
Date

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>AVELAR, PAULA</b>	
STREET ADDRESS	<b>9349 SW 144 PL</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	<b>Director</b>
7. STREET ADDRESS	<b>Ana Husk</b>
8. CITY-ST-ZIP	<b>9280 Southwest 150 Avenue, Suite 105</b>
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	<b>Miami, Florida 33196</b>
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. 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:

*Ana Husk*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Ana Husk**

**03/14/96**  
Date

**(305)388-9259**  
Daytime Phone #

CR2E034 (12/95)