

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 MAY 01 AM 9:41

DOCUMENT # **M44582** (8)

1. Corporation Name
CHARMANT, INC.

Principal Place of Business Mailing Address
730 NW 76TH AVE MIAMI FL 33126-9917 **730 NW 76TH AVE MIAMI FL 33126-9917**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/09/1987** 3a. Date of Last Report **04/20/1994**

2. Principal Place of Business 2a. Mailing Address
21 **4041 N.W. 25TH ST.** 26 **4041 N.W. 25TH ST.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **MIAMI FL** 27 **MIAMI FL**
City & State City & State
23 **33142** 28 **33142**
Zip Country Zip Country
24 25 29 30

4. FEI Number **59-2756236** 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
MESA, NOLIS J
2225 ARCH CREEK DRIVE
MIAMI FL 33181

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 mandating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	MESA, ELSA
STREET ADDRESS	2225 ARCH CREEK DR.
CITY ST ZIP	NORTH MIAMI FL
TITLE	VSD
NAME	MESA, NOLIS J.
STREET ADDRESS	2225 ARCH CREEK DR.
CITY ST ZIP	NORTH MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 149.02(3)(b), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
NOLIS MESA VICE-PRES

5/24/95 (305) 871-6868
Date Day/Month/Year