

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

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05 APR 20 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **M49809** (0)

1. Corporation Name
CAMBER ENTERPRISES, INC.

Principal Place of Business Mailing Address
~~670 CHARLIE B. GARDNER
2531 COLLINS AVENUE #211
MIAMI BEACH FL 33140~~
~~670 CHARLIE B. GARDNER
2531 COLLINS AVENUE #211
MIAMI BEACH FL 33140~~

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **04/06/1987** 3a. Date of Last Report **04/18/1994**

4. FEI Number **59-2809240** 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**

7. This corporation has liability for intangible tax under S 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 **6915 NE 3 Ave** 2b Suite, Apt. #, etc.

22 City & State 27 City & State

23 **Miami, FL** 28 Zip

24 **33138** 25 **FL** 29 Country

9. Name and Address of Present Registered Agent

~~CHUNG CAMILLE S.
3621 COLLINS AVE.
SUITE 211
MIAMI BEACH FL 33140~~

10. Name and Address of New Registered Agent
81 Name **Susan Trench**
82 Street Address (P.O. Box Numbers Not Acceptable) **Goldstein & Lannen**
83 **L Biscayne Tower #3250**
84 City **Miami** FL 85 Zip Code **33131**

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]* DATE **3/6/95**

(NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME ~~CHUNG CAMILLE S.~~
STREET ADDRESS ~~3621 COLLINS AVENUE~~
CITY-ST-ZIP ~~MIAMI FL~~

1.1 TITLE **D** Change Addition
1.2 NAME **Winston Johnson**
1.3 STREET ADDRESS **527 S 24 Ave**
1.4 CITY-ST-ZIP **Hollywood, FL 33020**

TITLE **D**
NAME ~~CHUNG RAQUEL~~
STREET ADDRESS ~~823 NE 72ND ST~~
CITY-ST-ZIP ~~MIAMI FL~~

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 in Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: _____ DAYTIME PHONE: _____
Print Name and Title of Filing Officer or Director