SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # **P93000006050 (7)**

1. Corporation Name

KARMA INVESTMENTS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 18 AM 8:27

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
9500 NW 79 AVE. BAY 19 HIALEAH GARDENS FL 33016 US	9500 NW 79 AVE. BAY 19 HIALEAH GARDENS FL 33016 US

3. Date Incorporated or Qualified: 01/26/1993
3a. Date of Last Report: 07/28/1994

2. Principal Place of Business	2a. Mailing Address
21 1401 Palm ave	26 1401 Palm ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Hialeah, Florida	City & State 28 Hialeah, Florida
Zip / Country 24 33010 / 25 U.S.A.	Zip / Country 29 33010 / 30 U.S.A.

4. FEI Number: 65-0385348 ☐ 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	10. Name and Address of New Registered Agent
RODRIGUEZ, CARLOS M SR. 11841 SW 31 ST MIAMI FL 33175	01 Name: Carlos M.Rodriguez Sr. 02 Street Address (P.O. Box Number is Not Acceptable): 6515 West 26 Drive 03 Bldg#38 Apt # 11. 04 City: Hialeah FL 05 Zip Code: 33016

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: C.P.D. Carlos M. Rodriguez SR - Pres. 7-2-95
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	CPD	11 TITLE	☐ Change ☐ Addition C.P.D.
NAME	RODRIGUEZ, CARLOS M SR.	12 NAME	Carlos M. Rodriguez Sr
STREET ADDRESS	11841 SW 31 ST	13 STREET ADDRESS	6515 West 26 Drive
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Hialeah Fla 33016
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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: C.P.D. Carlos M. Rodriguez SR Pres. 7-2-95 (305) 863-3739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0021143 CF