FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Tallahassee, Florida

DOCUMENT # P93000033585 (9)

CARMASTER, INC.

Principal Place of Business
3863 SHIPPING AVENUE
MIAMI FL 33146

Mailing Address
3863 SHIPPING AVENUE
MIAMI FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated/Qualified: 05/10/1993
3a. Date of Last Report: 11/04/1994

2. Principal Place of Business
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2a. Mailing Address
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29 30

4. FEI Number: 65-0408387 — 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. Does corporation owe any taxes pursuant to Chapter 220, Florida Statutes? [X] Yes [ ] No

9. Name and Address of Current Registered Agent

DEMONT, JEAN-CLAUDE
3863 SHIPPING AVE.
MIAMI FL 33146

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Section 607.0505, 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 and that these were authorized by the corporation's board of directors. Owner, or not the appointment of registered agent has been with the consent of the registered agent, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

D DEMONT, JEAN-CLAUDE 3863 SHIPPING AVE. MIAMI FL 33146	
D MANGUE, ANDRE 3863 SHIPPING AVE. MIAMI FL 33146	
D DEMONT, MARIA H 3863 SHIPPING AVE. MIAMI FL 33146	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition

14. I hereby certify that the information contained herein, to the best of my knowledge and belief, is accurate and complete. I further certify that the information indicated on the annual report or supplemental annual report is true and complete 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 person to whom shareholders have delegated the right to manage the affairs of the corporation, pursuant to Section 607.0830, Florida Statutes, and that my name appears above, or on an attachment with an address.

SIGNATURE: MARIA DEMONT 4/20/95 (305) 461.0004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0169642 CP