

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

APPROVED AND FILED

96 JUN 19 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000044558 (3)**

1. Corporation Name
KARMINA'S INT'L, INC.



Principal Place of Business Mailing Address
11748 SOUTHWEST 115TH TERRACE MIAMI FL 33186 US

2. Principal Place of Business 2a. Mailing Address
21 State, Apt. #, etc. 26 State, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30 Country

3. Date Incorporated or Qualified **06/23/1993** 3a. Date of Last Report **05/01/1995**
4. FEI Number **65-0420337** 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

**MUSA, TERESA
11748 SW 115 TERRACE
MIAMI FL 33186**

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 607.0102 and 607.1305, 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 607.0905, Florida Statutes.

SIGNATURE

Signature of the registered agent or the corporation

Signature of the applicant or registered agent

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS
1. TITLE DELETE
NAME **PSD MUSA, TERESA**
STREET ADDRESS **11748 SW 115 TERRACE**
CITY, STATE, ZIP **MIAMI FL 33186**
2. TITLE DELETE
NAME **VD MUSA, ALBERTO**
STREET ADDRESS **11748 SW 115 TERRACE**
CITY, STATE, ZIP **MIAMI FL 33186**
3. TITLE DELETE
NAME
STREET ADDRESS
CITY, STATE, ZIP
4. TITLE DELETE
NAME
STREET ADDRESS
CITY, STATE, ZIP
5. TITLE DELETE
NAME
STREET ADDRESS
CITY, STATE, ZIP
6. TITLE DELETE
NAME
STREET ADDRESS
CITY, STATE, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE Change Addition
2. NAME
3. STREET ADDRESS
4. CITY, STATE, ZIP
5. TITLE Change Addition
6. NAME
7. STREET ADDRESS
8. CITY, STATE, ZIP
9. TITLE Change Addition
10. NAME
11. STREET ADDRESS
12. CITY, STATE, ZIP
13. TITLE Change Addition
14. NAME
15. STREET ADDRESS
16. CITY, STATE, ZIP

200001708312
02/06/96--01108--015
****200,00 ****200,00

1-19-96 MSA

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 supplementary 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: *Teresa Musa, Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96 (305) 232-6340
DATE TIME PHONE #

CR2E034 (12/95)