FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

FLORIDA PROFIT
ANNUAL REPORT
1995

DOCUMENT # P93000057056 (2)

1. Corporate Name
CARTOM INVESTMENTS, INC.

Principal Place of Business
5025 SW 87 CT
MIAMI FL 33165

Mailing Address
5025 SW 87 CT.
MIAMI FL 33165

3. Date Incorporated/Qualified
08/10/1993

3a. Date Last Annual Report
08/17/1994

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #
22

Suite, Apt. #
27

City, State
23

City, State
28

Zip
24

County
25

Zip
29

County
30

4. FEI Number
65-0437382

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/will be electing to be classified as a "Small Business Corporation" under Florida Statutes.
Yes X No

9. Name and Address of Current Registered Agent

SEVIN, NORMAN M
2550 DOUGLAS RD
SUITE 300-A
CORAL GABLES FL 33134

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 Section 607.0502, Florida Statutes, the undersigned corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Each change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent (if new) and agree to comply with the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
Title	P	Change / Addition
Name	JIMENEZ, CARLOS	
Street Address	5025 SW 87 CT.	
City-State-Zip	MIAMI FL 33165	
Title	S	Change / Addition
Name	SIQUIER, TOM	
Street Address	5025 SW 87 CT.	
City-State-Zip	MIAMI FL 33165	
Title		Change / Addition
Name		
Street Address		
City-State-Zip		
Title		Change / Addition
Name		
Street Address		
City-State-Zip		
Title		Change / Addition
Name		
Street Address		
City-State-Zip		
Title		Change / Addition
Name		
Street Address		
City-State-Zip		

14. I hereby certify that the information supplied with this filing is, to the best of my knowledge, 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 1 or Block 11 above, or on an attached with an address.

SIGNATURE: [signature] President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/1995
Date

(305) 598 7726
Telephone Number

0176738 CP