

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 25 PM 12:17

DOCUMENT # **P93000058993 (5)**

1. Corporation Name

CAROME INTERNATIONAL CORPORATION

Principal Place of Business

621 E BROWARD BLVD
FT LAUDERDALE FL 33301

Mailing Address

621 E BROWARD BLVD
FT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/23/1993

3a. Date of Last Report

07/19/1994

2. Principal Place of Business

21 9600 NW 25TH ST.

2a. Mailing Address

26 9600 NW 25TH ST.

4. FEI Number

65-0441226

Applied For

Not Applicable

22 Suite, Apt. #, etc

3F

27 Suite, Apt. #, etc

3F

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 City & State

MIAMI, FLORIDA

28 City & State

MIAMI, FLORIDA

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip

33172

25 County

DADE

29 Zip

33172

30 County

DADE

7. This corporation has liability for interstate tax under S. 199.032,

Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS ST
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name **MANUEL G. MESA**
82 Street Address (P.O. Box Number is Not Acceptable)
9600 NW 25TH ST. STE 3F
83
84 City **MIAMI** FL 85 Zip Code **33172**

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 **MANUEL G. MESA**

(NOTE: Registered Agent signature required when registering)

DATE

5/22/95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	CASALES, ROBERTO
STREET ADDRESS	821 EAST BROWARD BOULEVARD
CITY ST ZIP	FORT LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	P CASALI, ROBERTO
1 3 STREET ADDRESS	9600 NW 25TH ST. STE 3F
1 4 CITY ST ZIP	MIAMI, FLORIDA 33172
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY ST ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY ST ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY ST ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY ST ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that I do not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true, 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 appointed to liquidate 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 affidavit.

SIGNATURE: **ROBERTO CASALI**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

5/22/95

305.593.7041