

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000058993 (5)**

1. Corporation Name
CAROME INTERNATIONAL CORPORATION



Principal Place of Business

9600 NW 25TH ST
3F
MIAMI FL 33172
US

Mailing Address

9600 NW 25TH ST
3F
MIAMI FL 33172
US

3. Date Incorporated or Qualified 08/23/1993	3a. Date of Last Report 05/25/1995
4. FLE Number 65-0441226	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

2. Principal Place of Business

2a. Mailing Address

21. State, April 6, etc.	26. State, April 6, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

MESA, MANUEL G
9600 NW 25TH ST STE 3F
MIAMI FL 33172

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.07(2) and 607.15(2), 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. Thereby, I accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.07(2), Florida Statutes.

SIGNATURE

Date of Signature

1995

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME: P CASALES, ROBERTO	1. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS: 9600 NW 25TH ST STE 3F	2. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
3. CITY & STATE: MIAMI FL	3. CITY & STATE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME: <input type="checkbox"/> DELETED	4. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME: <input type="checkbox"/> DELETED	5. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME: <input type="checkbox"/> DELETED	6. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME: <input type="checkbox"/> DELETED	7. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME: <input type="checkbox"/> DELETED	8. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
9. NAME: <input type="checkbox"/> DELETED	9. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME: <input type="checkbox"/> DELETED	10. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
11. NAME: <input type="checkbox"/> DELETED	11. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME: <input type="checkbox"/> DELETED	12. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME: <input type="checkbox"/> DELETED	13. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME: <input type="checkbox"/> DELETED	14. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
15. NAME: <input type="checkbox"/> DELETED	15. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME: <input type="checkbox"/> DELETED	16. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
17. NAME: <input type="checkbox"/> DELETED	17. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME: <input type="checkbox"/> DELETED	18. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
19. NAME: <input type="checkbox"/> DELETED	19. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME: <input type="checkbox"/> DELETED	20. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition

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(5)(k), Florida Statutes. I further certify that the information indicated on this form meets the requirements of the Supplemental Annual Report is true and accurate and that my signature shall have the same legal effect as if made under oath, or the signature of the registered or authorized officer or director or other person authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26/2/96

CR2E034 (12/95)