

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 18 AM 8:20

DOCUMENT # P93000078914 (7)

1. Corporation Name
CAMROSE (FLORIDA), INC.

Principal Place of Business Mailing Address
201 CRANDON BLVD UNIT 905 KEY BISCAIYNE FL 33149

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 **201 Crandon Blvd.** 26 **201 Crandon Blvd.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Unit 175** 27 **Unit 175**
City & State City & State
23 **Key Biscayne, FL** 28 **Key Biscayne, FL**
Zip Country Zip Country
24 **33149** 25 **USA** 29 **33149** 30 **USA**

3. Date Incorporated or Qualified 3a. Date of Last Report
11/16/1993 **08/19/1994**
4. FEI Number Applied For
65-0454262 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under s. 190.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
Robert B. Larkey, C.P.A.
82 Street Address (P.O. Box Number is Not Acceptable)
9200 South Dadeland Blvd., Suite 310
83
84 City **FL** 85 Zip Code
Miami **33156**

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.
Robert B. Larkey, C.P.A. DATE **7/14/95**

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CORREA, RAUL E
STREET ADDRESS	201 CRANDON BLVD UNIT 905
CITY, ST, ZIP	KEY BISCAIYNE FL 33149
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. ADDITIONAL OFFICERS AND DIRECTORS

11 TITLE	P/T/S/D
12 NAME	Echeverria, Raul
13 STREET ADDRESS	201 Crandon Blvd., Unit 175
14 CITY, ST, ZIP	Key Biscayne, FL 33149
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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.
Echeverria DATE **7/11/95**

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR