

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

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 APR -7 AM 11:47

DOCUMENT # **P93000085101 (2)**

1. Corporation Name
CARMINOL INVESTMENT CORPORATION

Principal Place of Business Mailing Address
~~692 W. 29TH ST.~~ ~~692 W. 29TH ST.~~
~~SUITE 9~~ ~~SUITE 9~~
~~HIALEAH FL. 33012~~ ~~HIALEAH FL. 33012~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/13/1993** 3a. Date of Last Report **04/29/1994**

2. Principal Place of Business 2a. Mailing Address
21 **9245 SW. 157th St.** 26 **9245 SW. 157th St.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **102** 27 **102**
City & State City & State
23 **Miami, FL.** 28 **Miami FL.**
Zip Country Zip Country
24 **33157** 25 **USA** 29 **33157** 30 **USA**

4. FEI Number **65-0455374** Applied For
Not Applicable
5. Certificate of Status Desired \$9.75 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
HALL, HECTOR J
692 W. 29TH ST.
SUITE 9
HIALEAH FL 33012

10. Name and Address of New Registered Agent
b1 Name
b2 Street Address (P.O. Box Number is Not Acceptable)
b3
b4 City **FL** b5 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARDIELLO, RAQUEL E	1.2 NAME	
STREET ADDRESS	AVE JUJUY 70 2° PISO D, (1083) CAPITAL FE	1.3 STREET ADDRESS	
CITY - ST - ZIP	REPUBLICA ARGENTINA	1.4 CITY - ST - ZIP	
TITLE	DST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCATELLI, RICARDO G	2.2 NAME	
STREET ADDRESS	AVE JUJUY 70 2° PISO D, (1083) CAPITAL FE	2.3 STREET ADDRESS	
CITY - ST - ZIP	REPUBLICA ARGENTINA	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 as an attachment with an address.

SIGNATURE: *[Signature]* **4-3-95 305-2562660**
DATE: _____ TITLE: _____