## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORFORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF COF:PORATIONS

## 040444

Mailing Address

MIAMI FL 33156

SUITE 200

11415 S. DIXIE HWY

DOCUMENT # **P94000046141**1. Corporation Name

CAMFAM, INC.

Principal Place of Business

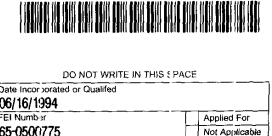
11415 S. DIXIE HWY

SUITE 200

MIAMI FL 33156

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90190 019 \*\*\*150.00



					3. Date Incorporated or Qualifed 06/16/1994		
2. Principal Place of Business 2a. Malling Address					4. FEI Number		Applied For
! 26					65-0500775	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75	Additional
[27]			3. Certificate 3i Status Desired		Fee I	Required	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.0	<b>0</b> May Be
<u> </u>					Trust Fund Contribution	Adde	d to F∈es
Zip	Country	Zip	Country	,	8. This corporation owes the current year In	~ /	
	25	2:9	0		Personal Property Tax.	Yes	011
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	/\gent	
800	MAN DICHADD CDA		81	Name			
BROWN, RICHARD CPA 9485 SUNSET DR #A195			82	Street Address (P.O. Box Number is Not Acceptable)			
MIAI/II FL 33173							
minin 1 t 301/3			83	}			
			84	City	FL	85 Zi	p 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 recistered 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							
				nt signature requir	ADDITIONS/CHANGES TO OFFICERS AS	ID DIRECT	TOPS IN 12
12.	CFFICERS AP	DELETE	1.1 TITLE	<del></del>	ADDITIONS/CHANGES TO OFFICERS A	Change	
NAME I	RONANO, LOU	C Deterio	1.2 NAME			_ v	
STREET ADDRESS	16259 S.W. 78TH AVE			T ADDRESS			!
	MIAMI FL 33157		1.4 CITY-S				ļ
CITY-ST-ZIP	V	□ DELETE	21TITE	1-211		Change	e Addition
NAME	INGERSOLL, TOM		2.7 MME	1			
	AND CHRISTOP DOAD			T ADDRESS			
STREET ADDRES 3	EAIDI AMM ON 44000		2.3 STREE				
CITY-ST-ZIP	CT	DELETE	2 4 (3) 1 1 2			Change	e [] Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0°(3)(i). 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 eath; 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, with all other like empowered.

3.2 NAME

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

☐ DELETE

DELETE

3.3 STREET ADDRESS

3.4. CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

MILLER, RICHARD

165 S. MCCADDEN PL.

LOS ANGELES CA 90004

tu ku-

4/20/99

305-252-3839

☐ Change

☐ Change

CR2E034 (11/98)

☐ Addition

Addition

Addition