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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000050648 (2)**

1. Corporation Name
COMAR, INC.

Principal Place of Business
13780 SW 56 STREET
SUITE 219
MIAMI FL 33175

Mailing Address
13780 SW 56 STREET
SUITE 219
MIAMI FL 33175

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/08/1994
3a. Date of Last Report:
4. FEI Number: 65-0503595 — Applied For / Not Applicable
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.052, Florida Statutes. [ ] Yes [X] No

2. Principal Place of Business: 21 ___ 22 Suite, Apt. #, etc. ___ 23 City & State ___ 24 Zip ___ 25 Country ___
2a. Mailing Address: 26 ___ 27 Suite, Apt. #, etc. ___ 28 City & State ___ 29 Zip ___ 30 Country ___

9. Name and Address of Current Registered Agent
RIVERA, OMAR
13780 SW 56 STREET
SUITE 219
MIAMI FL 33175

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 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 ___

12. OFFICERS AND DIRECTORS

Field	12. Officers and Directors	13. Additions/Changes
TITLE	PD	
NAME	RIVERA, OMAR	
STREET ADDRESS	14800 S.W. 57TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	SD	
NAME	GUILARTE, JOSE M	
STREET ADDRESS	1945 S.W. 86TH AVE.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	VD	
NAME	COLE, ERNEST F	
STREET ADDRESS	5905 SW 146 CT.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

[ ] Change [ ] Addition

REMITTED BY MAY 1

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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.

SIGNATURE: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)

0061178 CP

COMAR, INC.
13760 S.W. 56TH ST., STE. 219
MIAMI, FL 33175

P 1 T1703 4273400A

226

63-643/670
C0543

1 - 13 19 95

Pay to the order of Division of Corporations Annual $ 200.00

Two Hundred xx/100 Dollars

FIRST UNION
First Union National Bank of Florida
Miami, Florida
24 Hour Information Service
1-800-735-1012

For

⑈000226⑈ ⑆067006432⑆ 2090001137236⑈ ⑈0000020000⑈

Please be advised that this check was previously mail with the certificate of corporation attach find such certificate. Please make all adjustment necessary.

10-FEB-1995

4273064

DEPT OF STATE 4500453
FOR DEPOSIT ONLY
-02/08/95--01008--015
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