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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -4 AM 10:10

DOCUMENT # P94000071172 (8)

1. Corporation Name
KARENEW CORPORATION

Principal Place of Business	Mailing Address
524 WASHINGTON AVENUE SUITE 204 MIAMI BEACH FL 33139	524 WASHINGTON AVENUE SUITE 204 MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/26/1994
3a. Date of Last Report:

2. Principal Place of Business (21): 7816 SW. - 8 Street	2a. Mailing Address (26): 140 SW - 12 Street	4. FEI Number: 65-0534203 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22): SUITE 6	Suite, Apt. #, etc. (27): Ap. 30	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23): MIAMI. FLORIDA	City & State (28): MIAMI. FLORIDA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24): 33144 County (25):	Zip (29): 33130 County (30):	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NUFIEZ, AUTBERTO M
6262 BIRD ROAD
SUITE 2D
SOUTH MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name: NUÑEZ AUTBERTO H.
82 Street Address (P.O. Box Number is Not Acceptable): 7816 SW - 8 ST.
83: SUITE 6
84 City: MIAMI FL 85 Zip Code: 33144

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	P.D.T.	☒ Change ☐ Addition
NAME	NUFIEZ, AUTBERTO M	12 NAME	NUÑEZ AUTBERTO H.	
STREET ADDRESS	524 WASHINGTON AVENUE, APT. 204	13 STREET ADDRESS	140 S.W. - 12 ST. Ap. 30	
CITY-ST-ZIP	MIAMI FL 33139	14 CITY-ST-ZIP	MIAMI, FL. 33130	
TITLE	V	21 TITLE		☒ Change ☐ Addition
NAME	BRITO, JUAN C	22 NAME	NONE	
STREET ADDRESS	3343 SW 89 AVENUE	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33165	24 CITY-ST-ZIP		
TITLE	T	31 TITLE	V. P.	☒ Change ☐ Addition
NAME	HUBER, ELENA I	32 NAME		
STREET ADDRESS	2325 WEST 60 STREET, APT. 205-E	33 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33016	34 CITY-ST-ZIP		
TITLE	S	41 TITLE		☒ Change ☐ Addition
NAME	MORENO, LOURDES	42 NAME		
STREET ADDRESS	524 WASHINGTON AVENUE, APT. 204	43 STREET ADDRESS	140 SW - 12 Street Ap. 30	
CITY-ST-ZIP	MIAMI BEACH FL 33139	44 CITY-ST-ZIP	MIAMI - FLORIDA 33130	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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(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 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: AUTBERTO H. NUÑEZ 07/31/95 (305) 579-1222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
(305) 267-3977

0044000 CP