FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P94000085988 (1)

1. Corporation Name

COMARY, INC.

Principal Place of Business: 1736 SW 19TH ST APT 102, MIAMI FL 33145

Mailing Address: 1736 SW 19TH ST APT 102, MIAMI FL 33145

3. Date Incorporated or Qualified: 11/28/1994
3a. Date of Last Report: 03/09/1995

2. Principal Place of Business
21 1790 SW 16 Street
Suite, Apt. #, etc.
22
City & State
23 Miami Florida
Zip 24 33145 Country 25 US

2a. Mailing Address
26 1790 SW 16 Street
Suite, Apt. #, etc.
27
City & State
28 Miami, Florida
Zip 29 33145 Country 30 US

4. FEI Number: 65-0542448 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** 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

WRIGHT, ARACELY
1736 SW 19TH ST APT 102
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name: Wright, Aracely
82 Street Address (P.O. Box Number is Not Acceptable)
83 1790 SW 16 Street
84 City: Miami FL 85 Zip Code: 33145

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 _______ (NOTE: Registered Agent signature required when reinstating) DATE _______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	D ☒ Change ☐ Addition
NAME	WRIGHT, ARACELY	1.2 NAME	Wright, Aracely
STREET ADDRESS	1736 SW 19TH ST APT 102	1.3 STREET ADDRESS	1790 SW 16 Street
CITY-ST-ZIP	MIAMI FL 33145	1.4 CITY-ST-ZIP	Miami, Florida 33145
TITLE	D ☐ DELETE	2.1 TITLE	D ☒ Change ☐ Addition
NAME	LIMA, CLARA H	2.2 NAME	Lima Clara H.
STREET ADDRESS	1736 SW 19TH ST APT 102	2.3 STREET ADDRESS	1790 SW 16 Street
CITY-ST-ZIP	MIAMI FL 33145	2.4 CITY-ST-ZIP	Miami, Florida 33145
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(k), 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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-24-96 Daytime Phone #: 305 856 4720