

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000050453 (6)**

1. Corporation Name
CA-ER CORP.



Principal Place of Business 19170 N.W. 88THCOURT CAMERON CIRCLE MIAMI FL 33015	Mailing Address 19170 N.W. 88THCOURT CAMERON CIRCLE MIAMI FL 33015
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3. Date Incorporated or Qualified 06/28/1995	3a. Date of Last Report
4. FEI Number 65-0598151	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**CARUNCHO & MUR, P.A.
2800 DOUGLAS ROAD
SUITE 501
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name ERIC FERNANDEZ
82 Street Address (P.O. Box Number is Not Acceptable) 19170 NW 88th Ct
83 CAMERON CIRCLE
84 City MIAMI
85 Zip Code FL 33015

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: *[Signature]* **PRESIDENT (ERIC FERNANDEZ)** **6-10-96**

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

12. OFFICERS AND DIRECTORS

TITLE SECRETARY	<input checked="" type="checkbox"/> DELETE
NAME CARY FERNANDEZ	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME NANCY FERNANDEZ	
1.3 STREET ADDRESS 19170 NW 88th Ct	
1.4 CITY-ST-ZIP MIAMI, FL 33015	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME KATRINA L. FERNANDEZ	
2.3 STREET ADDRESS 19170 NW 88th Ct	
2.4 CITY-ST-ZIP MIAMI, FL 33015	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME CANDICE A. FERNANDEZ	
3.3 STREET ADDRESS 19170 NW 88th Ct	
3.4 CITY-ST-ZIP MIAMI, FL 33015	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME LORENE C. FERNANDEZ	
4.3 STREET ADDRESS 19170 NW 88th Ct	
4.4 CITY-ST-ZIP MIAMI, FL 33015	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **ERIC FERNANDEZ** **6-10-96** **305-8228416**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)