Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90062 036 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000019807

1. Corporation Name

C.A.M. SOLUTIONS, INC.										4
Principal Place	of Business		Mailing Address				1 48 108 146 (6410 6414)	ac hi ba ill bhi		
4995 NW 72ND			4995 NW 72ND AVE							
STE 400	NIL.		STE 400							
MIAMI FL 33166			MIAMI FL 33166			<u> </u>	DO NOT W		IS SPACE	
บร			US			3.	Date Incorporated or Qualife	ea		
			2- Mailing Address			1	03/01/1996 FEI Number		A	pplied For
	ace of Business	7 DUP	2a. Mailing Address	7/1	42 AVE'		65-0647058			ot Applicable
21 / <u>ろ</u> (ノ(Suite, Apt. i	1 NW4	2 AVC	26 10011 Suite, Apt. #, etc.	,00	12/11/					Additional
22 OC)2	-, oto.		27 202			5.	Certificate of Status Desired	. 🗆		equired
City & 5-tate			City & State			6.	Electic n Campaign Financin	9 🗂	\$5.00	May Be
23 M/	mi F	·L	28 Miam	11	FL		Trust Fund Contribution	• <u> </u>	Added	to Fees
Zip_	Cou	itry	Zip		Country	8.	This corporation owes the co	urrent year l	ntangible	_
24 350	54 [25] l	15A	29 33054	30	USA		Personal Property Tax.		Yes	No
	9. Name and Add	ress of Curren:	Registered Agent			10.	Name and Address of Nev	v Registere	d Agent	
NOT	ALEC CUVOEL A				81 Name	HUG	asi a m	ORA:	125	
MORALES, CHYREL A					82 Street Aug	Idress (F	O. Box Number is Not Acce	ptable)	2.20	
4995 NW 72ND AVE SUITE 400						30C)	11.W. 40	CO	1710E.	
SUITE 400 MIAMI FL 33166						7175	- 202.			
MIAN	WI FL 33 100				84 City	<u> </u>	<u> </u>		85 Zip	Code
						<u> </u>	<u> </u>	F		3000Y
office or re	anietorod anont or br	th in the State of	and 607.1508, Florida Sta f Florida. Such change was ons of, Section 607.0505, F	: auinc	orized by the corbor a	progration ation's bo	n submits this statement for the pard of directors. I hereby account	ne purpose cept the app	of changing its cointment as re	s registered ecistered
SIGNATURE	Signature, typed or printed no	۱. کی لک	Morale	$:\supset$	CHURE L	LA.	MORALES	DATE	12614	14.
12.	Signature, typed or printer n.	OFFICERS AN	**** *** · · · ·	712.110	13.		ADDITIONS/CHANGES TO (OFFICERS	AND DIRECT	ORS IN 12
TITLE	D		☐ DELETE		11 TITLE				Change	☐ Addition
NAME	MORALES, CHYF	RFLA			1.2 NAME					
STREET ADDRESS	11225 SW 88TH			l	1.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33176				1.4 CITY-ST-ZIP					
TITLE			☐ DELETE		2.1 TITLE				Change	Addition
NAME					2.2 NAME					
STREET ADDRESS					2.3 STREET ADDRESS					
CITY-ST-ZIP					2. 4 CfTY-ST-ZIP					
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	l i				4.4 CITY-ST-ZIP					

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 partify that the information contains 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 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

54 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

☐ DELETE

4126/99 (305)9 Date Dayline Phy CD2E03/ /11/0

☐ Addition

Addition

☐ Change

Change