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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600028190 (2)
CAMILO ENTERPRISES INC.

FILED May 27 1997 8:00am Secretary of State



Principal Place							<u>-</u> {			
Principal Place of Business 8501 N.W. 22ND AVE. MIAMI FL 33147		Mailing Address 8501 N.W. 22ND AVE.								
MIAMI FL 33147	,		MIAMI FL 33147-4105							
							3, Date incorporated or Qualified 04/01/1996	3a. Da	te of Last	Report
2. Principal Place of Business Suite, Apt. #, etc. 2			2a. Mailing Address 26				4. FEI Number 65 - 9666	do 31		Applied For Not Applicabl
			Suite, Apt. #, etc).			5. Certificate of Status Desired	\$8.75 Addition		
City & State			City & State				Election Campaign Financing Trust Fund Contribution	May Be		
7ip	2!	Country	Zip	30	Country	·····	This corporation has liability for Florida Statutes			s. 199.032,
41			29 Current Registered Agent		1301			Florida Statutes Yes No Name and Address of New Registered Agent		
CED	ENO, CAMIL				81	Name				
8501 N.W. 22ND AVENUE MIAMI FL 33147			82 Stree		Street Addi	ddress (P.O. Box Number is Not Acceptable)				
					83					
					84	City		FL	85 Zi	o Code
11. Pursuant!	to the provision	s of Sections 607.0	502 and 607,1508, Ftorida S	Statutes, the	e above	named corp	poration submits this statement for the	purpose of	changing	its registered
often or -	edistered ager	it, or both, in the Sta	te of Florida, Such change	was author	rized by	the corporat	tion's board of directors. I hereby acc	ept the app	ointment i	as registered
once of fi	or formiliar mith	and accord the obl				•				
agent, La	m familiar with	and accept the obl	igations of, Section 607.050	05, Florida i	Statutes.	•				
SIGNATURE									·	
SIGNATURE		painted name of registored a	agent and title if applicable.	(NOTE Regis	stered Agen		ired when reinstating)	DATE	·	ORS IN 12
SIGNATURE	Signature, typed or	painted name of registored a	igent and little (fapplicable. ND DIRECTORS	(NOTE Regis	stered Agen			DATE	DIRECTO	
SIGNATURE 12. THE	Signature, typed or	primed name of registored a	agent and title if applicable.	(NOTE Regis	stered Agen 13.		ired when reinstating)	DATE	·	
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