FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra S. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 17 1998 8:00am Secretary of State

	1998	DIVISION OF C	ORPORATIONS	Scordary	or state
1. Corporation		0037440 (0)			
CAMDE	EN HEIGHTS, INC.				
Principal Place	e of Business	Mailing Address			HIT INDIT DISH BIOTI ORIT FOOL
25 S.E. 2ND /	AVENUE	25 S.E. 2ND AVENUE		İ	
SUITE 700		SUITE 700		DO NOT WRITE IN	3 SPACE
MIAMI FL 331	31	MIAMI FL 33131		3. Date Incorporated or Qualified	3 OF AOL
				04/30/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
1		26		65-0672012	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	A	City & State			
3	-	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid to	rrent year Intangible
4]	25		30	Personal Property Tax due June 30.	Yes No
	g, Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Regist	Agent
	SMAN, BRUCE		81 Name		
	S.E. 2ND AVENUE		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	ITE 700		63		
MIP	VMI FL 33131				
			84 City	i	B5 Zip Code
	10-1-07-0		I I		• i i
11. Pursuant office or ragent I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	602 and 607.1508, Florida Statute te of Florida Such change was a gations of, Section 607.0505, Flor	is, the above-named cor uthorized by the corpora rida Statutes.	poration submits this statement for the purplation's board of directors. I hereby accept this	of changing its registered pointment as registered
SIGNATURE	Signature, typod or printed name of registered a		s, the above-named cor uthorized by the corpore rida Statutes. Registered Agent signature req. 13.		of changing its registered pointment as registered D DIRECTORS IN 12
SIGNATURE	Signature, typod or printed name of registered a OFFICERS AI	gent and title if applicable (NOTE	Registered Agent signature requ	ulred when reinstating) D	pointment as registered D DIRECTORS IN 12
SIGNATURE 12. THE	Signature, typod or printed name of registered a OFFICERS AI D GUSMAN, BRUCE	gent and title if applicable (NOTE ND DIRECTORS	Registered Agent signature requ	ulred when reinstating) D	pointment as registered D DIRECTORS IN 12
SIGNATURE 12. THE NAME	Signature, typod or printed name of registered e OFFICERS AI D GUSMAN, BRUCE 6145 S.W. 92ND ST.	gent and title if applicable (NOTE ND DIRECTORS	Registered Agent signature requirements 13.	ulred when reinstating) D	pointment as registered D DIRECTORS IN 12
SIGNATURE 12. THE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typod or privited name of registered a OFFICERS AI D GUSMAN, BRUCE 6145 S.W. 92ND ST. MIAMI FL 33149	gent and title if applicable (NOTE ND DIRECTORS DELETE	Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ulred when reinstating) D	D DIRECTORS IN 12 Change Addition
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SIGNATURE 12. 17. 17. 17. 17. 17. 17. 17.	OFFICERS AID OFFICERS AID GUSMAN, BRUCE 6145 S.W. 92ND ST. MIAMI FL 33149 D GUSMAN, ROBERT M 354 GLEN RIDGE ROAD	gent and title if applicable (NOTE ND DIRECTORS DELETE	Registered Agent signature required. 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 21 TITLE 22 NAME 2.3 STREET ADDRESS	ulred when reinstating) D	D DIRECTORS IN 12 Change
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