FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 POCUMENT # 196000 484

CAMO SERVICES INC.

FILED
May 06 1997 8:00am
Secretary of State

561-234-9300

Principal Plac	e of Business	 Mailing Addr 	ess						
444	5 N. AIA S	vite 150	74						
1008	OFACH I	E/ 32	962						
4445 N. AIA SLITE 150A VERO BEACH FL 32963						3. Date Incorporated or Qualified	3a. Date of Last F	Report	
						8-96	NA		
2. Principal P	tabe of Business	2a. Mailing A	ddress	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		4. FEI Number	T A	pplied For	
21		26				65-0672716	l N	ot Applicable	
Suite Apr #, etc Suite, Apr #, etc						5. Certificate of Status Desired	\$8.75	Additional	
22		27	 			U. Continuate of oracos Desired	Fee R	lequired	
City & Stati	City & State City & S					6. Election Campaign Financing	\$5.00 May Be		
23		28		<u> </u>		Trust Fund Contribution		to Fees	
Z·ρ	Country	Zip	-	Country		8. This corporation has liability for it	· / "	s. 199.032,	
24	25 29 30 9. Name and Address of Current Registered Agent			<u> </u>		Florida Statutes Yes No 10. Name and Address of New Registered Agent			
				81	Name	10. Haine and Address of Hew ne	Hararan Marit		
Var	- PAKESTRINI								
110000	445. N. AIA Suite 150A ERD BEACH FI 32963				Street Address (P.O. Box Number is Not Acceptable)				
7445	. N. AIA	suite 1	5011	83					
VER	O BEACH FO	' 3296 3	?						
•	·	<u> </u>	•	84	City		FL 85 Zip	Code	
44 []	to be a series and Continue 607.0	500 and 607 1609 E	torida Statutos	the above	named oare	poration submits this statement for the p		its conjectured	
off-ce op+	eg stered agent, or both, in the Ste	the of Florida Such cl	hange was auti	horized by	the corporal	tion's board of directors. I hereby accep	t the appointment as	registered	
agen (r a	mi fam lar with, and accord the ob-	ligations of Section 6	07.0505	da Statutes				ŀ	
SIGNATUR	Jan	agent and title 1 applicable	Tres	Popietared Appr	t const ve requir	red when reinstating)	DATE		
12.	A STATE OF THE PARTY OF THE PAR	AND DIRECTORS	INOTE IN	13.	ii signatara redul	ADDITIONS/CHANGES TO OFFIC		RS IN 12	
IIII			DELETE	1.1 TITLE		7.0071107107071111111111111111111111111	Change	Addition	
NAM:	PRESIDENT.	. •		1.2 NAME					
STREET ADORESS	PAUL PARESTR	INI La	CAA	1.3 STREET	ADDRESS			13	
City -ST- 7if	PRESIDENT. PAUL PAIESTA 4445. N. AIA VERO BEACH	FI . 32	969	1.4 CITY-ST		•			
IIILI	VERE SEACE		DELETE	21 TITLE			Change	☐ Addition	
NAMI				2 2 NAME					
STREET ADDRESS				2 3 STREET	ADDRESS				
City St Zii				2. 4 CITY-S					
I III			DELĒTĒ	3 1 TITLE		·····	Change	Addition	
<u>የ</u> ተማ የፈ				32 NAME					
STREET ADDRESS				3.3 STREET	ADDRESS				
ONY SEZP				3 4. CITY-S	T-21P				
Ith.I	1		DELETE	4.1 TITLE			☐ Change	Addition	
NAMI				4 2 NAME					
STREET ADORESS				4.3 SYREET	ADDRESS	. \ ^	L.		
01**-\$1-7:				4.4 CITY - ST	r- Z(P	n = u = 0			
Int			DELETE	51 TITLE		Train al	Change	Addition	
NAME				5.2 NAME	ł	1 10			
STELLATIONS				5.3 STREET	ADDRESS	لا ر ع			
CHA-SILZP				5.4 CITY - ST	- ZIP	- 3			
111.1			DELETE	6.1 TITLE			☐ Change	Addition	
N/M-	1			6.2 NAME		30000217	4043		
SIREFFADOR ST	1			6.3 STREET	ADDRESS	-05/09/970113	35 0 30		
Crin St 7th				6 4 CITY - S1	r- 21P	30000217 -05/09/970113 ***165.00			
14. I do nerel	by certify that the information supp	lico with this fling do	es not qualify f	for the exer	nption stated	d in Section 119.07(3)(i), Florida Statutes	I further certify that	t the	
Lam an o	iffices or director of the corporation	or the receiver or tru	istee empowere	ed to exect	rate and that ute this repo	t my signature shall have the same lega rt as required by Chapter 607, Florida S	i eilect as it made ui tatutes; and that my	name	
appears i	in Black 12 or Bl <mark>ock 13 if changed</mark>	, or on an attachment	t with an addre	iss.			,		

Tales To The DAME OF SIGNING OFFICER OF DIRECTOR