

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

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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000078842 (7)

1. Corporation Name
CAMPHER, INC.

Principal Place of Business
9757 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32837

Mailing Address
9757 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32837-6915



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/17/1996		3a. Date of Last Report	
21 9785 S. Orange Blossom Trail		26 9785 S. Orange Blossom Trail		4. FEI Number 59-3405447		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Orlando, Florida		28 Orlando, Florida		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 32837		25 USA		29 32837		30 USA	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

HERRADOR, FELIPE
2310 CILANTRO DRIVE
ORLANDO FL 32837

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	President/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Gabriel A. Campins
STREET ADDRESS		1.3 STREET ADDRESS	2841 Hoffman Dr.
CITY- ST- ZIP		1.4 CITY- ST- ZIP	Orlando, FL 32837
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Felipe Herrador
STREET ADDRESS		2.3 STREET ADDRESS	2310 Cilantro Dr.
CITY- ST- ZIP		2.4 CITY- ST- ZIP	Orlando, FL 32837
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Harlene B. Matza
STREET ADDRESS		3.3 STREET ADDRESS	12716 Hewfield Drive
CITY- ST- ZIP		3.4 CITY- ST- ZIP	Orlando, Florida 32837
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Gabriel A. Campins** 4/24/97 Date 407-438-9331 Daytime Phone #

CR2E034 (9/96)