## 05241999-90005-047-\$150.00-\$150.00

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary 64State , 3

FILED May 24, 1999 8:00 am Secretary of State

05-24-1999 90005 047 \*\*\*150.00

## DOCUMENT # PLOTODOSO/COC OK L CAMECARI CORP

7 570025 - 90001 - 29 Principal Place of Business Mailing Address 38885W 112MAR 3886 S.Kr. 112th AVE M. Ani FL 33/15-4134 DO NOT WKI DO NOT WRITE IN THIS SPACE HIAHI FL 33/65-4434 2a. Mailing Address 26 SOME 2601 2. Principal Place of Business Applied For <u>52 me</u> Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes the current year Intangible 25 30 Personal Property Tax. Yes □No 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Nemer Ahmad 82 Street Address (P.O. Box Number is Not Acceptable) 9912 SW 154 Ct. 84 85 Zip Code City 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered Such change was authorized by the corporation's board of directors, it hereby accept the appointment as registered ection 607.0505, Florida Statutes. SIGNATURE CR2E034 (11/98 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Ahmed Addition DELETE ☐ Change TITLE 1.1 TITLE 9912 SW 154 Ct. NAME 12 NAME STREET ADDRESS 1.3 STREET ADDRESS 12ML FL 33196 CITY+ST-ZIP 14 CITY-ST-ZIP ☐ Addition ☐ Change TITLE 2.1 TITLE armen Ahmad NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRES 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TIME 31 TMLE NAME 3.2 NAME 33 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Addition □ DELETE Change TITLE 6.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 84 CITY-ST-ZIP CITY-ST-ZIP 14. I 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 trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted or on an attachment with an address with all other like empowered.

TURE AND TYPED OR PROVIED NAME OF SIGNING OFFICER ON DIRECTOR