

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000099184 (9)**
1. Corporation Name
CAMOTOURS USA, INC.

Principal Place of Business
**9064 COLLINS AVENUE #12
SURFSIDE FL 33154**

Mailing Address
**POST OFFICE BOX 547263
SURFSIDE FL 33154**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8045 NW 36 STREET Suite, Apt. #, etc. 22 #540 City & State 23 MIAMI FL Zip 24 33166		2a. Mailing Address 25 8045 NW 36 STREET Suite, Apt. #, etc. 26 #540 City & State 27 MIAMI FL Zip 28 33166 Country 29 USA		3. Date Incorporated or Qualified 12/09/1996	
4. FEI Number 65-0711417		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent RAMIREZ, STELLA 9064 COLLINS AVENUE #12 SURFSIDE FL 33154		10. Name and Address of New Registered Agent 81 Name STELLA RAMIREZ 82 Street Address (P.O. Box Number is Not Acceptable) 8045 NW 36 STREET SUITE #540 83 City MIAMI FL 84 Zip Code 33166	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement of change of 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMIREZ, STELLA	1.2 NAME	
STREET ADDRESS	9064 COLLINS AVENUE #12	1.3 STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE FL 33154	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAGAZZI, ANTONIO	2.2 NAME	
STREET ADDRESS	9064 COLLINS AVENUE #12	2.3 STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE FL 33154	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		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		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		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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date: _____ Daytime Phone # **0214669**

CR2E034 (10/97)