

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90165 031 ***150.00

DOCUMENT # P97000004499

1. Corporation Name

CAMINA INVESTMENTS, INC.

Principal Place of Business

106 SOUTH LAKE AVE
ORLANDO FL 32801
US

Mailing Address

106 SOUTH LAKE AVE
ORLANDO FL 32801
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1997

4. FEI Number

59-3448044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 222 South Westmonte Dr
Suite, Apt. #, etc.

26 222 South Westmonte Dr
Suite, Apt. #, etc.

22 Suite 211

27 Suite 211

City & State

City & State

23 Altamonte Springs, FL
Zip Country

28 Altamonte Springs, FL
Zip Country

24 32714

25 USA

29 32714

30 USA

9. Name and Address of Current Registered Agent

BLACK, RONALD W
106 SOUTH LAKE AVENUE
ORLANDO FL 32801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

222 South Westmonte Drive

83 Suite 211

84 City

Altamonte Springs

FL

85 Zip Code

32714

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Ronald Black

4/21/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME BLACK, RONALD W
STREET ADDRESS 106 SOUTH LAKE AVE
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME JAMMAL, TOUFIC
1.3 STREET ADDRESS 222 South Westmonte Dr, Suite 211
1.4 CITY-ST-ZIP Altamonte Springs, FL 32714

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

DATE

4-21-99 (407) 182-4955

Daytime Phone #

CR2E034 (11/98)