

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000012686 (6)

1. Corporation Name
CARMAR ENTERPRISES OF MIAMI, INC.



Principal Place of Business 1056 SW 67 AVE MIAMI FL 33144	Mailing Address 1056 SW 67 AVE MIAMI FL 33144
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3423 MAIN Highway Suite, Apt. #, etc. 22 City & State 23 COCONUT GROVE, FL. Zip 24 33133 Country 25 DADE		2a. Mailing Address 26 3423 MAIN Highway Suite, Apt. #, etc. 27 City & State 28 COCONUT GROVE, FL. Zip 29 33133 Country 30 DADE		3. Date Incorporated or Qualified 02/06/1997	4. FEI Number 65-0756657 Applied For 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
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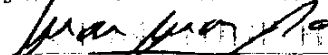
9. Name and Address of Current Registered Agent MONTALVAN, BERNA 1056 SW 67 AVE MIAMI FL 33144		10. Name and Address of New Registered Agent 81 Name MONTALVAN, BERNA 82 Street Address (P.O. Box Number is Not Acceptable) 3423 MAIN Highway 83 84 COCONUT GROVE FL 85 Zip Code 33133	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	
NAME	MONTALVAN, BERNA	1.2 NAME	
STREET ADDRESS	1056 SW 67 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33144	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	
NAME	MONTALVAN, MARCELO	2.2 NAME	
STREET ADDRESS	1056 SW 67 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33144	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: X  4/28/98 305-461-1923

CR2E034 (10/97)