## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** CORPORATI ANNUAL RE 000010035 DOCUMENT # 01 MAR 12 AM 11: 03 1. Corporation Name CAMIMO INTERMATIONAL, INC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business 13 90 S Fed Hwy Mailing Address Decepield Beh FL 33441 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable Suite, Apt. #, etc. 1320. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 8. This corporation owes the current year Intangible 3441 [25] BROWARD [29] 334 9. Name and Address of Current Registered Agent Yes [ ]No Personal Property Tax. 10. Name and Address of New Registered Agent Name HARR RAID 1320 S. Fod Hwy Street Address (P.O. Box Number is Not Acceptable) 82 83 Doer Field, Beh FL 33441 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Stitutes, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE of registered autoritiand title if applicable (I OTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. D Addition DELETI 1.1 TITLE Change TITLE IARB RAID HWY 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 2.1 TITLE TITLE Shehaoeh **500003892605**---03/22/01--01056--019 NAME 2.2 NAME 1320 SFed STREET ADDRESS 2.3 STREET ADDRESS \*\*\*\*300.00 <u>\*\*\*\*300.00</u> 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETT . MILE 3.1 TITLE Change. [] Addition 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change DELET [ ] Addition THILE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETI Change ☐ Addition SUTIFIE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETH 6.1 1ITLE [1] Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CHY-S1-ZIF 14. Thereby certify that the information supplied with this filling does not qualife for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and contract and that my signature shall have the same legal effect as if made under eath; 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 AND TYPE OF PRINTED NAME OF SIGNING OF SER OR DIRECTOR

ite Daytime Phone #

## KATTOURA & ASSOCIATES, INC.

2062

ACCOUNTING, BOOKKEEPING & TAX SERVICES

One S. Ocean Blvd. #315 Boca Raton, Fl. 33432 TEL: (561) 362-0491

P.O. Box 728 Boca Raton, Fl. 33429 FAX: (561) 394-5134

National Society of Tax Professional

March 1, 2001

Division of Corporation P.O. ox 1500 Tallahassee, FL 32302-1500

Ref: Camino International, Inc. Annual report P99000010035

Dear Sirs,

The above referenced corporation has never received any notices before at all. We are enclosing a report and a check in the amount of \$300.00 for 2000 and 2001. Please accept this annual report as reinstatement.

Thank you for your cooperation in this matter.

If you have any further questions, please do not hesitate to contact us.

Sincerely yours,

Andre K Kattoura