FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S91343 (1)

1. Corporation Name
CHARMER KIT INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
~~10563 SW 129TH PLACE~~ ~~MIAMI FL 33186~~	~~10563 SW 129TH PLACE~~ ~~MIAMI FL 33186~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/01/1991
3a. Date of Last Report: 08/11/1994

2. Principal Place of Business
21: 9285 SW 125AVE.
22 Suite, Apt. #, etc.: U 308
23 City & State: MIAMI FLORIDA
24 Zip: 33186 25 County:

2a. Mailing Address
26: 9285 SW 125 AVE
27 Suite, Apt. #, etc.: U 308
28 City & State: MIAMI FLORIDA
29 Zip: 33186 30 County:

4. FEI Number: ~~23-0838496~~ 65-0458609 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

QUIROZ, NATCHA
~~10563 SW 129TH PLACE~~
~~MIAMI FL 33186~~

10. Name and Address of New Registered Agent

81 Name: QUIROZ, NATCHA
82 Street Address (P.O. Box Number is Not Acceptable): 9285 SW 125 AVE U 308
83
84 City: MIAMI FL 85 Zip Code: 33186

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: X [signature] Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PSTD	11 TITLE	☒ Change ☐ Addition
12 NAME	QUIROZ, NATCHA	12 NAME	
13 STREET ADDRESS	~~10563 SW 129TH PLACE~~	13 STREET ADDRESS	9285 SW 125 AVE U 308
14 CITY ST ZIP	~~MIAMI FL 33186~~	14 CITY ST ZIP	MIAMI FL 33186
21 TITLE	V	21 TITLE	☐ Change ☐ Addition
22 NAME	QUIROZ, JORGE M.	22 NAME	
23 STREET ADDRESS	~~10563 SW 129TH PLACE~~	23 STREET ADDRESS	9285 SW 125 AVE U308
24 CITY ST ZIP	~~MIAMI FL~~	24 CITY ST ZIP	MIAMI, FL 33186
31 TITLE		31 TITLE	☐ Change ☐ Addition
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY ST ZIP		34 CITY ST ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	REMITTED BY MAY 1
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	$ Deposited by Bank

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] NATCHA QUIROZ (PRESIDENT) Date (305) 385-6791 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

0204670 CR