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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 27 AM 11:22

DOCUMENT # M97431 (4)

1. Corporation Name

CDC/SMT, INC.

Principal Place of Business
5555 NW 95 AVE
SUNRISE FL 33351

Mailing Address
5555 NW 95 AVE
SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/07/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0076135 ☐ 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

2. Principal Place of Business
21 900 NE 26 AV.
Suite, Apt. #, etc.
22
City & State
23 FT Lauderdale FL
Zip 24 33304 Country 25 BROWARD

2a. Mailing Address
26 900 NE 26 AV.
Suite, Apt. #, etc.
27
City & State
28 FT Lauderdale FL
Zip 29 33304 Country 30 BROWARD

9. Name and Address of Current Registered Agent

COHEN, RONALD
5555 NW 95 AVE
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name COHEN, RONALD
82 Street Address (P.O. Box Number is Not Acceptable) 900 NE 26 AV
83
84 City FT Lauderdale FL 85 Zip Code 33304

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 ______ DATE ______

NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	PD ☑ Change ☐ Addition
NAME	COHEN, RONALD	1 2 NAME	Cohen, Ronald
STREET ADDRESS	2190 SE 17TH ST	1 3 STREET ADDRESS	900 NE 26 AV
CITY ST ZIP	FT LAUDERDALE FL	1 4 CITY ST ZIP	Ft. Lauderdale FL
TITLE	CD	2 1 TITLE	CD ☑ Change ☐ Addition
NAME	BOYLE, JANET A.	2 2 NAME	BOYLE, JANET A
STREET ADDRESS	2190 SE 17TH ST	2 3 STREET ADDRESS	900 NE 26 AV
CITY ST ZIP	FT LAUDERDALE FL	2 4 CITY ST ZIP	FT. Lauderdale FL
TITLE	T	3 1 TITLE	T ☑ Change ☐ Addition
NAME	TRAGESSER, EDWARD	3 2 NAME	TRAGESSER, EDWARD
STREET ADDRESS	2190 SE 17TH ST	3 3 STREET ADDRESS	900 NE 26 AV
CITY ST ZIP	FT LAUDERDALE FL	3 4 CITY ST ZIP	FT Lauderdale FL
TITLE	V	4 1 TITLE	V ☑ Change ☐ Addition
NAME	MACDONALD, JOHN	4 2 NAME	MACDONALD, John
STREET ADDRESS	5555 NW 95 AVE	4 3 STREET ADDRESS	900 NE 26 AV
CITY ST ZIP	SUNRISE FL	4 4 CITY ST ZIP	FT Lauderdale FL
TITLE	SDV	5 1 TITLE	SDV ☑ Change ☐ Addition
NAME	WASSON, A J	5 2 NAME	WASSON, AJ
STREET ADDRESS	5555 N.W. 95 AVE.	5 3 STREET ADDRESS	900 NE 26 AV
CITY ST ZIP	SUNRISE FL 33351	5 4 CITY ST ZIP	FT. Lauderdale FL
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	

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)(k), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0240103 CP