

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000003783 (7)

1. Corporation Name
36-40 ROAD CORP.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
**4028 PONCE DE LEON BLVD
CORAL GABLES FL 33146
US**

Mailing Address
**701 BRICKELL AVE.
STE. 3150
MIAMI FL 33131
US**

3. Date Incorporated or Qualified **11/12/1992** 3a. Date of Last Report **08/08/1994**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **65-0368904** Applied For Not Applicable

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22. City & State 27. City & State

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

23. Zip Country 28. Zip Country

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

24. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOUMIET, JUAN P
C/O GREENBERG TRAUIG
1221 BRICKELL AVE.
MIAMI FL 33131**

81 Name **Laura Geiger**
82 Street Address (P.O. Box Number is Not Acceptable) **701 Brickell Ave Suite 3150**
83 **4/cmc Group, Inc.**
84 City **Miami** FL 85 Zip Code **33131**

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 *Laura Geiger* **Laura Geiger** **4.27.95**
Signature (typed or printed name of registered agent, not to be applicable) (NOTE: Registered Agent signature is not to be applicable) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-----------------|-------------------------------------|
| TITLE | P |
| NAME | COLOMBO, UGO |
| STREET ADDRESS | 701 BRICKELL AVE., STE. 3150 |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | V |
| NAME | MURPHY, ARTHUR J |
| STREET ADDRESS | 701 BRICKELL AVE., STE. 3150 |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | ST |
| NAME | RIDENHOUR, ESTHER F |
| STREET ADDRESS | 701 BRICKELL AVE., STE. 3150 |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|---------------------|---|
| 1 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1 2 NAME | |
| 1 3 STREET ADDRESS | |
| 1 4 CITY - ST - ZIP | |
| 2 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2 2 NAME | |
| 2 3 STREET ADDRESS | |
| 2 4 CITY - ST - ZIP | |
| 3 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3 2 NAME | |
| 3 3 STREET ADDRESS | |
| 3 4 CITY - ST - ZIP | |
| 4 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4 2 NAME | |
| 4 3 STREET ADDRESS | |
| 4 4 CITY - ST - ZIP | |
| 5 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5 2 NAME | |
| 5 3 STREET ADDRESS | |
| 5 4 CITY - ST - ZIP | |
| 6 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6 2 NAME | |
| 6 3 STREET ADDRESS | |
| 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 110.07(3)(b), 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]* **4.27.95** **305-972-0550**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Printed Name)