

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra El. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000075098 (2)

1. Corporation Name

SANTA MARIA DEVELOPMENT, INC.

Principal Place of Business

701 BRICKELL AVENUE
SUITE 3150
MIAMI FL 33131

Mailing Address

701 BRICKELL AVENUE
SUITE 3150
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/21/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0448888	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
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	County
24	29
25	30

9. Name and Address of Current Registered Agent

**CMC GROUP, INC.
701 BRICKELL AVENUE
SUITE 3150
MIAMI FL 33131**

10. Name and Address of New Registered Agent

01 Name	
02 Street Address (P.O. Box Number is Not Acceptable)	
03	
04 City	
FL	05 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	COLOMBO, UGO
STREET ADDRESS	701 BRICKELL AVE #3150
CITY ST ZIP	MIAMI FL
TITLE	VP
NAME	CEBALLERO, ILEANA-P
STREET ADDRESS	701 BRICKELL AVE #3150
CITY ST ZIP	MIAMI FL
TITLE	S
NAME	MACKAY, MICHAEL
STREET ADDRESS	711 3RD AVE
CITY ST ZIP	NEW YORK NY
TITLE	AS
NAME	RIDENHOUR, ESTHER F
STREET ADDRESS	701 BRICKELL AVE #3150
CITY ST ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	Ugo Colombo	
1 3 STREET ADDRESS	701 Brickell Ave #3150	
1 4 CITY ST ZIP	MIAMI, FL 33131	
2 1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	Arthur J. Murphy	
2 3 STREET ADDRESS	701 Brickell Ave #3150	
2 4 CITY ST ZIP	MIAMI, Florida 33131	
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)(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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/95 (305) 372-0550

Date

Telephone No.