

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified: **10/21/1993**      3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **65-0448888**      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: 2a. Mailing Address  
21. Suite, Apt. #, etc.: 26. Suite, Apt. #, etc.  
22. City & State: 27. City & State  
23. Zip: 28. Zip      Country: 29. Country  
24. 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**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City      FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.508, 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 their appointee)      (NOTE: Registered Agent signature required when reinstating)      DATE

**12. OFFICERS AND DIRECTORS**

TITLE: **P**       DELETE  
NAME: **COLOMBO, UGO**  
STREET ADDRESS: **701 BRICKELL AVE #3150**  
CITY- ST- ZIP: **MIAMI FL**

TITLE: **VP**       DELETE  
NAME: **MURPHY, ARTHUR J**  
STREET ADDRESS: **701 BRICKELL AVE #3150**  
CITY- ST- ZIP: **MIAMI FL**

TITLE: **S**       DELETE  
NAME: **MACKAY, MICHAEL**  
STREET ADDRESS: **711 3RD AVE**  
CITY- ST- ZIP: **NEW YORK NY**

TITLE: **AS**       DELETE  
NAME: **RIDENHOUR, ESTHER F**  
STREET ADDRESS: **701 BRICKELL AVE #3150**  
CITY- ST- ZIP: **MIAMI FL**

TITLE:       DELETE  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE:       DELETE  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE       Change       Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

2.1 TITLE       Change       Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

3.1 TITLE       Change       Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

4.1 TITLE       Change       Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

5.1 TITLE       Change       Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

6.1 TITLE       Change       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 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: *Esther F. Ridenhour*      **Esther F. Ridenhour**      **305-372-0550**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (12/95)