

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

APPROVED
AND
FILED

95 MAY - 1 AM 10:30

STATE OF FLORIDA

500001501005
-05/30/95--01024--009
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

CORPORATION:
ANNUAL REPORT
1995

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



DOCUMENT # P94000021051 (5)
1. Corporation Name
CLEO, INC.

Principal Place of Business
**215 S.W. LEJEUNE RD.
MIAMI FL 33134**

Mailing Address
**215 S.W. LEJEUNE RD.
MIAMI FL 33134**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23

2b. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28

3. Date Incorporated or Qualified
03/18/1994

3a. Date of Last Report

4. FEE Number - **Applied for** 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**

6. This corporation has notice for filing by the clerk of 150 days Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**ABBOTT, EDOT C
899 PONCE DE LEON BLVD.
SUITE 1150
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name **Michael Northrup**

82 Street Address (P.O. Box Number is Not Applicable)
215 SW Lejeune Rd.

83

84 City **Miami** FL 85 Zip Code **33134**

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: *Michael C. Northrup* **Michael Northrup** **4/20/95**

12. OFFICERS AND DIRECTORS

TITLE: **D**

NAME: **ROSEN, DORIAN S**

STREET ADDRESS: **215 S.W. LEJEUNE RD.**

CITY, ST, ZIP: **MIAMI FL 33134**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE Change Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

21. TITLE Change Addition

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

31. TITLE Change Addition

32. NAME

33. STREET ADDRESS

34. CITY, ST, ZIP

41. TITLE Change Addition

42. NAME

43. STREET ADDRESS

44. CITY, ST, ZIP

51. TITLE Change Addition

52. NAME

53. STREET ADDRESS

54. CITY, ST, ZIP

61. TITLE Change Addition

62. NAME

63. STREET ADDRESS

64. 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(6)(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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dorian Rosen* **DORIAN ROSEN** **4/16/95** **305-446-5603**