

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

3-14-95-2096-C

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 10:05

DOCUMENT # P94000079027 (6)

1. Corporation Name
CMS IMPORTS, INC.

Principal Place of Business Mailing Address
3300 NE 191ST STREET 3300 NE 191ST STREET
BAY CLUB 2, UNIT 804 BAY CLUB 2, UNIT 804
AVENTURA FL 33180 AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/26/1994
3a. Date of Last Report
4. FEI Number 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 20801 BISCAYNE BLVD. 26 20801 BISCAYNE BLVD.
Suite, Apt., #, etc. Suite, Apt., #, etc.
22 SUITE 400, AVENTURA 27 SUITE 400, AVENTURA
City & State City & State
23 FLORIDA 28 FLORIDA
Zip Country Zip Country
24 33180 25 USA 29 33180 30 USA

9. Name and Address of Current Registered Agent
SANDLER, STEVEN D
801 BRICKELL AVE
14TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name SANDLER, STEVEN D
82 Street Address (P.O. Box Number is Not Acceptable) 1428 BRICKELL AVENUE
83 6 FLOOR
84 City MIAMI FL 85 Zip Code 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 607.0503, Florida Statutes.

SIGNATURE *Carla Salzedo* 3/8/95
Signature of Current Registered Agent and the stockholder Signature of Registered Agent (signature required after filing)

12. OFFICERS AND DIRECTORS	
TITLE	PRESIDENT
NAME	LORENA ZUCCOLILLO
STREET ADDRESS	3300 NE 191st STREET
CITY, ST, ZIP	AVENTURA, FL 33180
TITLE	SECRETARY & TREASURER (Carla Salzedo)
NAME	
STREET ADDRESS	3300 NE 191st STREET
CITY, ST, ZIP	AVENTURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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(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: *Carla Salzedo* CARLA SALZEDO (Secretary/Treasurer) 305-936-8553
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3-6-95