

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000044313 (9)
 1. Corporation Name
C.A. MANAGEMENT COMPANY



Principal Place of Business 7520 RED RD., STE. G-1 MIAMI FL 33143	Mailing Address 7520 RED RD., STE. G-1 MIAMI FL 33143
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 05/19/1997	
4. FEI Number 650762361	Applied For <input type="checkbox"/> 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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<i>Off/Sec - Treas</i>
STREET ADDRESS	<i>CATHY BLANK</i>
CITY-ST-ZIP	<i>451 DOWING AVE CORAL GABLES FL 33156</i>
TITLE	<input type="checkbox"/> DELETE
NAME	<i>Athena Walton / Pres.</i>
STREET ADDRESS	<i>7600 SW 82 CT.</i>
CITY-ST-ZIP	<i>MIAMI, FL 33143</i>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<input type="checkbox"/> Change <input type="checkbox"/> Addition
11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

\$ BANK

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Cathy Blank* *2-1-98 305-663-9908*

CR2E034 (10/97)