

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

.95 APR 18 PM 5:52

DOCUMENT # P93000020058 (2)

1. Corporation Name

CDI CONSULTING, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**12090 S.W. 64 AVE.
MIAMI FL 33156**

Mailing Address

**12090 S.W. 64 AVE.
MIAMI FL 33156**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/17/1993

3a. Date of Last Report

03/03/1994

2. Principal Place of Business

21

2a. Mailing Address

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0402547

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. 190.030,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**FIEN, DEBORAH G
12090 S.W. 64TH AVE.
MIAMI FL 33156**

**ADDRESS CHANGE
ONLY**

10. Name and Address of New Registered Agent

81 Name

FIEN, DEBORAH G

82 Street Address (P.O. Box Number is Not Acceptable)

2000 South Bayshore Dr #6

83

84 City

COconut Grove

FL

85 Zip Code

33123

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 of person or printed name of registered agent and date of appointment

NOTE: Registered Agent signature required when transferring

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

FIEN, IRVING

STREET ADDRESS

12090 S.W. 64 AVE.

CITY ST ZIP

MIAMI FL 33156

TITLE

D

NAME

FIEN, DEBORAH G

STREET ADDRESS

12090 S.W. 64 AVE.

CITY ST ZIP

MIAMI FL 33156

TITLE

D

NAME

RABKIN, CYNTHIA F

STREET ADDRESS

12090 S.W. 64 AVE.

CITY ST ZIP

MIAMI FL 33156

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

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

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

15 TITLE

☐ Change ☐ Addition

16 NAME

17 STREET ADDRESS

18 CITY ST ZIP

19 TITLE

☐ Change ☐ Addition

20 NAME

21 STREET ADDRESS

22 CITY ST ZIP

23 TITLE

☐ Change ☐ Addition

24 NAME

25 STREET ADDRESS

26 CITY ST ZIP

27 TITLE

☐ Change ☐ Addition

28 NAME

29 STREET ADDRESS

30 CITY ST ZIP

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

35 TITLE

☐ Change ☐ Addition

36 NAME

37 STREET ADDRESS

38 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)(g), 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:

DEBORAH G. FIEN
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/95

305-860-010