

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Leshara H. Martin
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 5:02

DOCUMENT # **538844**

(2)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C & M VENTURES OF MIAMI, INC.

Principal Place of Business: **2155 SOUTH OCEAN BLVD. UNITE 21 DELRAY BEACH FL 33483 US**
Mailing Address: **2155 SOUTH OCEAN BLVD. UNITE 21 DELRAY BEACH FL 33483 US**

(DO NOT WRITE IN THIS SPACE)

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

3. Date Incorporated or Qualified: **07/07/1977**
3a. Date of Last Report: **03/08/1994**
4. FEI Number: **59-1813162**
Applied For: Not Applicable
5. Certificate of State: Delinquent **\$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 delinquency under § 199(9), Florida Statute Yes No

9. Name and Address of Current Registered Agent
**BLOOMSTON, MARSHALL
2155 SOUTH OCEAN BLVD.
UNIT 21
DELRAY BEACH FL 33483**

10. Name and Address of New Registered Agent
B1 Name: _____
B2 Street Address if O. Box Number is Not Acceptable: _____
B3 _____
B4 City: _____ **FL** B5 Zip Code: _____

11. Pursuant to the provisions of Sections 607.01 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 this appointment as registered agent. I am familiar with and accept the obligations of Sections 607.01 and 607.1508, Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent)
Name of Registered Agent: _____

12. OFFICERS AND DIRECTORS

OFFICER	CP
NAME	BLOOMSTON, MARSHALL
STREET ADDRESS	2155 SOUTH OCEAN BLVD., #21
CITY, ST, ZIP	DELRAY BEACH FL
OFFICER	V
NAME	BLOOMSTON, TINA
STREET ADDRESS	2155 SOUTH OCEAN BLVD., #21
CITY, ST, ZIP	DELRAY BEACH FL
OFFICER	ST
NAME	BLOOMSTON, CLAUDIA
STREET ADDRESS	2155 SOUTH OCEAN BLVD., #21
CITY, ST, ZIP	DELRAY BEACH FL
OFFICER	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
OFFICER	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 STREET ADDRESS	
13.3 CITY, ST, ZIP	
13.4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 STREET ADDRESS	
13.6 CITY, ST, ZIP	
13.7 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8 STREET ADDRESS	
13.9 CITY, ST, ZIP	
13.10 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 STREET ADDRESS	
13.15 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is substantially true and correct and equally for the descriptions stated in Sections 119.07(3)(b) Florida Statutes. I further certify that the information indicated on this annual report or substantial annual report is true and correct 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 a trustee or a trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13.

SIGNATURE:
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95
305
263-8992