FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **641763** **(8)**

1. Corporation Name

C.F.T.I. OF FLORIDA, INC.

Principal Place of Business

3191 CORAL WAY
SUITE 505
MIAMI FL 33145

Mailing Address

3191 CORAL WAY
SUITE 505
MIAMI FL 33145

3. Date Incorporated or Qualified: **10/17/1979**

3a. Date of Last Report: **04/27/1995**

2. Principal Place of Business
21
Street Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Street Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-1956019** ☐ 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

9. Name and Address of Current Registered Agent

KNOEPFFLER, CARLOS
3 GROVE ISLE DRIVE APT 204
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name: KNOEPFFLER, CARLOS
82 Street Address (P.O. Box Number is Not Acceptable): 1762 ESPANOLA DRIVE
83
84 City: Miami FL 85 Zip Code: 33133

11. Pursuant to the provisions of Sections 607.0505 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	SD	☐ DELETE	11 TITLE	SD	☐ Change ☐ Addition
12 NAME	KNOEPFFLER, THELMA		12 NAME	KNOEPFFLER, THELMA	
13 STREET ADDRESS	3 GROVE ISLE DR APT 204		13 STREET ADDRESS	1762 Espanola Drive	
14 CITY ST ZIP	MIAMI FL		14 CITY ST ZIP	Miami, FL. 33133	
21 TITLE	PD	☐ DELETE	21 TITLE	PD	☐ Change ☐ Addition
22 NAME	KNOEPFFLER, CARLOS		22 NAME	KNOEPFFLER, CARLOS	
23 STREET ADDRESS	3 GROVE ISLE DR. APT 204		23 STREET ADDRESS	1762 Espanola Drive	
24 CITY ST ZIP	MIAMI FL		24 CITY ST ZIP	Miami, FL. 33133	
31 TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
32 NAME			32 NAME		
33 STREET ADDRESS			33 STREET ADDRESS		
34 CITY ST ZIP			34 CITY ST ZIP		
41 TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
42 NAME			42 NAME		
43 STREET ADDRESS			43 STREET ADDRESS		
44 CITY ST ZIP			44 CITY ST ZIP		
51 TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
52 NAME			52 NAME		
53 STREET ADDRESS			53 STREET ADDRESS		
54 CITY ST ZIP			54 CITY ST ZIP		
61 TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
62 NAME			62 NAME		
63 STREET ADDRESS			63 STREET ADDRESS		
64 CITY ST ZIP			64 CITY ST ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, voluntarily furnished and 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: Carlos Knoepffler CARLOS KNOEPFFLER 02/03/96 (305) 446-1985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number