

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR -4 AM 10:01

DOCUMENT # 700269 (4)

1. Corporation Name

CUTLER RIDGE MERCHANTS ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**20505 S. DIXIE HWY.
MIAMI FL 33189**

**20505 S. DIXIE HWY.
MIAMI FL 33189**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1960

3a. Date of Last Report

04/19/1994

4. FEI Number

59-1027318

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WELLER, PAMELA
20505 S DIXIE HWY
MIAMI FL 33189**

81 Name

Beth C. Truluck

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

20505 South Dixie Highway

83

Room 899

84 City

Miami

FL

85

Zip Code

33189

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

Beth C. Truluck
Signature, typed or printed name of registered agent and title if applicable.

Beth C. Truluck, Secretary

3/8/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

SD

NAME

WELLER, PAMELA

STREET ADDRESS

20505 S. DIXIE HWY

CITY - ST - ZIP

MIAMI FL

TITLE

PD

NAME

COLWELL, BERTHA

STREET ADDRESS

20505 S. DIXIE HWY

CITY - ST - ZIP

MIAMI FL

TITLE

TD

NAME

HABERLIN, MARGO

STREET ADDRESS

20505 S. DIXIE HWY

CITY - ST - ZIP

MIAMI FL

TITLE

VD

NAME

ARORA, GORDON

STREET ADDRESS

20505 S. DIXIE HWY

CITY - ST - ZIP

MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Beth C. Truluck

Beth C. Truluck

3/8/95

305/235-8440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Title)

(Typed Name)