AMENDED APPROVED AND FILED #25

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

1996 SEP 20 AM 10: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1996 amended

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

900001952389
-09/20/96--01017--026
****122.50 *****61.25

DOCUMENT # F72531

1. Corporation Name: CMAL, INC.

Principal Place of Business / Mailing Address:
CMAL, INC.
4600 WEST CYPRESS ST STE 460
TAMPA, FLORIDA 33607

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

3. Date Incorporated or Qualified: March 18 1982
3a. Date of Last Report: April 1996
4. FEI Number: 59-2175417 [ ] 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

RAMZY MOUMNEH STE
4600 WEST CYPRESS ST 460
TAMPA, FLORIDA 33607

10. Name and Address of New Registered Agent

81 Name: RAMZY MOUMNEH
82 Street Address (P.O. Box Number is Not Acceptable): 4600 W. CYPRESS ST STE 460
83
84 City: TAMAA FL 85 Zip Code: 33607

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] 9/19/96

12. OFFICERS AND DIRECTORS

Field	Entry
TITLE	CHAIRMAN OF THE BOARD
NAME	RAMZY MOUMNEH
STREET ADDRESS	4600 W. CYPRESS ST
CITY-ST-ZIP	STE 460 TAMPA, FL 33607 [ ] DELETE
TITLE	[ ] DELETE
TITLE	[ ] DELETE
TITLE	[ ] DELETE
TITLE	[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry
1.1 TITLE – 1.4 CITY-ST-ZIP	[ ] Change [ ] Addition
2.1 TITLE – 2.4 CITY-ST-ZIP	[ ] Change [ ] Addition
3.1 TITLE	DIRECTOR [ ] Change [X] Addition
3.2 NAME	KAMAL MOUMNEH
3.3 STREET ADDRESS	4600 W. CYPRESS ST STE 460
3.4 CITY-ST-ZIP	TAMPA, FL 33607
4.1 TITLE – 4.4 CITY-ST-ZIP	[ ] Change [ ] Addition
5.1 TITLE – 5.4 CITY-ST-ZIP	[ ] Change [ ] Addition
6.1 TITLE – 6.4 CITY-ST-ZIP	[ ] Change [ ] Addition

CR2E034 (3/96)

45P 9/20 PKE

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

SIGNATURE: [signature] 9/19/96 (813) 281-1994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR