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Feb 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000002450 (4)

1. Corporation Name
CF ONE, INC.

Principal Place of Business
1799 W. OAKLAND PK BLVD.
FT. LAUDERDALE FL 33311
US

Mailing Address
P.O. BOX 407155
FT LAUDERDALE FL 33340-7155



3. Date Incorporated or Qualified 05/11/1994
3a. Date of Last Report 01/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

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4. FEI Number

65-0501131

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

10. Name and Address of New Registered Agent

KISH, TIMOTHY E
1221 BRICKELL AVENUE, 6TH FL
MIAMI FL 33131

81 Name

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

83

84 City

FL

85 Zip Code

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 and typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KIEFER, JOHN W
STREET ADDRESS 1799 W. Oakland Pk. Blvd.
CITY-ST-ZIP FT LAUDERDALE FL

1.1 TITLE AS
1.2 NAME Levine, Michael
1.3 STREET ADDRESS 1799 W. Oakland Pk. Blvd.
1.4 CITY-ST-ZIP Ft. Lauderdale, FL

TITLE VD
NAME BIRCH, THOMAS
STREET ADDRESS 1799 W. Oakland Pk. Blvd.
CITY-ST-ZIP FT LAUDERDALE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD
NAME HOLTZ, JAVIER J
STREET ADDRESS 1221 BRICKELL AVENUE
CITY-ST-ZIP MIAMI FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S
NAME KISH, TIMOTHY E
STREET ADDRESS 1221 BRICKELL AVENUE
CITY-ST-ZIP MIAMI FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE AS
NAME SAXON, BARBARA
STREET ADDRESS 1221 BRICKELL AVENUE
CITY-ST-ZIP MIAMI FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE T
NAME MCDERMOTT, DENNIS A
STREET ADDRESS 1799 W. Oakland Pk. Blvd.
CITY-ST-ZIP FT LAUDERDALE FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/97

954-730-2500

CR2E034 (9/96)