

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 # J83379

(4)

1. Corporation Name

CSMC OF COLUMBIA, INC.



Principal Place of Business

3250 MARY STREET
500
MIAMI FL 33133-5232
US

Mailing Address

3250 MARY STREET
500
MIAMI FL 33133-5232
US

3. Date Incorporated or Qualified
07/14/1987

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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

PELTZ, ARVIN
3250 MARY STREET
SUITE 500
MIAMI FL 33133

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 typed or printed name of registered agent and the corporation

IN WITNESS WHEREOF, I have hereunto signed this statement

DATE

12.

OFFICERS AND DIRECTORS

TITLE

P

☐ DELETE

NAME

WEISER, SHERWOOD M.

STREET ADDRESS

3250 MARY ST., STE 500

CITY-STATE-ZIP

MIAMI FL

TITLE

D

☐ DELETE

NAME

LEFTON, DONALD E.

STREET ADDRESS

3250 MARY ST., STE 500

CITY-STATE-ZIP

MIAMI FL

TITLE

VAS

☐ DELETE

NAME

SIBLEY, PETER L.

STREET ADDRESS

3250 MARY ST., STE 500

CITY-STATE-ZIP

MIAMI FL

TITLE

STV

☐ DELETE

NAME

TEMLING, W. PETER

STREET ADDRESS

3250 MARY ST., STE 500

CITY-STATE-ZIP

MIAMI FL

TITLE

VAS

☐ DELETE

NAME

HEWITT, THOMAS F.

STREET ADDRESS

3250 MARY ST., STE 500

CITY-STATE-ZIP

MIAMI FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-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 119.07(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 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

W. PETER TEMLING, SEC.

4/30/96 (305) 445-2493

CR2E034 (12/95)

5/1/96