

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 7:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L50550

(7)

1. Corporation Name
CDON, INC.

Principal Place of Business

**1125 NE 125TH ST
STE 300
NORTH MIAMI FL 33161**

Mailing Address

**1125 NE 125TH ST
STE 300
NORTH MIAMI FL 33161**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/16/1990

3a. Date of Last Report
04/12/1994

4. FEI Number
65-0169903

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. 128.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 **10800 BISCAYNE BLVD.**

Suite, Apt. #, etc.

22 **PENTHOUSE**

City & State

23 **Miami, FL**

24 **33161**

25 **DADE**

2a. Mailing Address

26 **10800 BISCAYNE BLVD.**

Suite, Apt. #, etc.

27 **PENTHOUSE**

City & State

28 **Miami, FL**

29 **33161**

30 **DADE**

9. Name and Address of Current Registered Agent

**BUCHBINDER & ELEGANT, P.A.
48 S.W. FIRST STREET
4TH FLOOR
MIAMI FL 33130**

10. Name and Address of New Registered Agent

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 fee if applicable

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE **DPT**
NAME **HARRIS, MEL**
STREET ADDRESS **1125 NE 125TH STREET, #300**
CITY - ST - ZIP **NORTH MIAMI FL**

TITLE **VPS**
NAME **RYAN, NANCY**
STREET ADDRESS **1125 NE 125TH ST #300-**
CITY - ST - ZIP **NORTH MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS **10800 Biscayne Blvd. Penthouse**
14 CITY - ST - ZIP **Miami, FL 33161**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS **10800 Biscayne Blvd. Penthouse**
24 CITY - ST - ZIP **Miami, FL 33161**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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)(b), 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95

(305) 877-0104

Date

Telephone Number