

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

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortonham Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 95 MAR 28 PM 3:30

DOCUMENT # L87406 (9)

1. Corporation Name
CRD ASSOCIATES, INC.

Principal Place of Business 7074 SW 114 PL #A MIAMI FL 33173	Mailing Address 7074 SW 114 PL #A MIAMI FL 33173
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/13/1990		3a. Date of Last Report 04/27/1994	
4. FEI Number 65-0211561		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			

2. Principal Place of Business 21 20701 LEEWARD LANE Suite, Apt. #, etc.	2a. Mailing Address 26 20701 LEEWARD LANE Suite, Apt. #, etc.
22 City & State 23 MIAMI FL	2b. City & State 28 MIAMI FL
24 Zip 33189 Country DADE	29 Zip 33189 Country DADE

9. Name and Address of Current Registered Agent

DUNKLIN, CAROLYN ROSSER
7074 SW 114 PLACE #A
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: *Carolyn Rosser* *Director* *3/17/95*
(Signature: typed or printed name of registered agent and the 4 applicable) (NOTE: Registered Agent Signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP	D DUNKLIN, CAROLYN ROSSER 7074 S W 114 PLACE #A MIAMI FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY ST ZIP	DUNKLIN, CAROLYN ROSSER 20701 LEEWARD LANE MIAMI, FL 33189 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY ST ZIP	☐ Change ☐ Addition

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(2)(b), Florida Statutes. I further certify that the information reflected 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, unchanged, or on an attachment with an address.

SIGNATURE: *Carolyn Rosser* *3/17/95* *305 252 3166*
(Signature: typed or printed name of signing officer or director) DATE (Telephone Number)