FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 26 AM 9:06

DOCUMENT # **M31652** **(4)**

1. Corporation Name
C.M.W.M., INC.

Principal Place of Business	Mailing Address
576 N.W. 27TH STREET MIAMI FL 33127	576 N.W. 27TH STREET MIAMI FL 33127

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/07/1986**
3a. Date of Last Report: **07/06/1994**

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

4. FEI Number: **59-2689196** ☐ 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
MAYOR, NORAIMA **6759 N.W. 199 STREET** **MIAMI FL 33015**	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☒ Change ☐ Addition
NAME	DIEZ, WILFREDO	12 NAME	P NORAIMA MAYOR
STREET ADDRESS	1240 NW 31 AVE (void)	13 STREET ADDRESS	6759 N.W. 199 Street
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI, FL. 33015
TITLE	V	21 TITLE	☒ Change ☐ Addition
NAME	MONTEAGUDO, MARIO E (void)	22 NAME	V LUPERCIO SILVA DE MENEZES
STREET ADDRESS	640 S.W. 88TH COURT	23 STREET ADDRESS	576 N.W. 27 ST.
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	MIAMI, FL. 33127
TITLE	V	31 TITLE	☒ Change ☐ Addition
NAME	MAYOR, MARIO	32 NAME	V MARIO MAYOR
STREET ADDRESS	6759 NW 199 ST	33 STREET ADDRESS	6759 N.W. 199 ST.
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	MIAMI, FL. 33015
TITLE	TS	41 TITLE	☒ Change ☐ Addition
NAME	MAYOR, NORAIMA	42 NAME	TS NORAIMA MAYOR
STREET ADDRESS	6759 NW 199 ST	43 STREET ADDRESS	6759 N.W. 199 ST.
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	MIAMI, FL. 33157
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 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: Noraima Mayor 6/20/95 (305) 576-3022.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0124676 CP