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

FILED
Mar 21 1996 8:00 am
Secretary of State

DOCUMENT # **M63406** **(6)**

1. Corporation Name

CLIFFHANGER SERVICES OF MIAMI, INC.

Principal Place of Business	Mailing Address
8163 NW 60TH ST SUITE 4500 MIAMI FL 33166 US	8163 NW 60TH ST SUITE 4500 MIAMI FL 33166 US

2. Principal Place of Business	2a. Mailing Address
21 5561 N.W. 74 Ave	26 5561 N.W. 74 AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami Fla	City & State 28 Miami Fla
Zip 24 33166 Country 25	Zip 29 33166 Country 30

3. Date Incorporated or Qualified: 12/08/1987
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0018048 ☐ 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

CALDERIN, ROBERTO
8163 NW 60TH ST
SUITE 4500
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 5561 N.W. 74 AVE
83
84 City Miami FL 85 Zip Code 33166

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 _____

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	CALDERIN, ROBERTO	
STREET ADDRESS	8163 NW 60TH ST	
CITY-ST-ZIP	MIAMI FL	☐ DELETE
TITLE		
NAME		
STREET ADDRESS		☐ DELETE
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		☐ DELETE
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		☐ DELETE
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		☐ DELETE
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☑ Change ☐ Addition
2 NAME	5561 N.W. 74 AVE	
3 STREET ADDRESS	Miami Fla 33166	
4 CITY-ST-ZIP		☐ Change ☐ Addition
5 TITLE		
6 NAME		
7 STREET ADDRESS		☐ Change ☐ Addition
8 CITY-ST-ZIP		
9 TITLE		
10 NAME		☐ Change ☐ Addition
11 STREET ADDRESS		
12 CITY-ST-ZIP		☐ Change ☐ Addition
13 TITLE		
14 NAME		
15 STREET ADDRESS		☐ Change ☐ Addition
16 CITY-ST-ZIP		
17 TITLE		
18 NAME		☐ Change ☐ Addition
19 STREET ADDRESS		
20 CITY-ST-ZIP		

CR2E034 (12/95)

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

SIGNATURE: _____ 03-14-96 _____ 887-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0186499 CP