

**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

DOCUMENT # **M85973** (9)  
1. Corporation Name  
**CONSCIOUS RHYTHM, INC.**

Principal Place of Business Mailing Address  
10761 SW 138TH ST 10761 SW 138TH ST  
SUITE 888 888  
MIAMI FL 33176 MIAMI FL 33176  
US US

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 27 AM 11:09

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/17/1988</b>		3a. Date of Last Report <b>04/27/1994</b>	
4. FEI Number <b>65-0059479</b>		Applied For Not Applicable	
2. Principal Place of Business 21 <b>10761 SW 138 ST</b>		2a. Mailing Address 26 <b>10761 SW 138 ST</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23 <b>MIAMI FLORIDA</b>		City & State 26 <b>MIAMI FLORIDA</b>	
Zip 24 <b>33176</b>	Country 25 <b>USA</b>	Zip 29 <b>33176</b>	Country 30 <b>USA</b>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>ROBINSON, MONICA 14501 SW 111 TERRACE MIAMI FL 33186</b>				10. Name and Address of New Registered Agent			
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)			
B3				B4 City			
				FL		B5 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 (agent or former name of registered agent and this is applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PCT</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DALY, DONALD</b>	1.2 NAME	
STREET ADDRESS	<b>10761 SW 138TH ST</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VS</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DALY, ALRECA</b>	2.2 NAME	
STREET ADDRESS	<b>10761 SW 138TH ST</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(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:  **3/21/95** **(305) 2530673**  
SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR DATE (Typed Name)