FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

ANNUAL REPORT
1995

APPROVED
AND
FILED

95 MAY -1 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003191 (3)

1. CIVIC CENTER TRANSPORTATION MANAGEMENT ORGANIZATION, INC.

Principal Address	Mailing Address
1600 NW 16TH STREET MIAMI FL 33136	1600 NW 16TH STREET MIAMI FL 33136

(Document Number of Corporation)

3. Date Incorporated/Qualified: 06/23/1994
3a. Date of Last Report: N/A
4. FEI Number: 65-0524573 (Applied For / Not Applicable)

2. [21] [26] 2a. P.O. BOX 016960 (R=61)
[22] [27]
[23] [28] MIAMI, FLORIDA
[24] [25] [29] 33101 [30] U.S.A

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required
6. [ ] $5.00 May Be Added to Fees
7. Name in the State of Florida [ ] $68.75 Supplemental Fee Not Required
8. Is organization subject to intangible tax under S. 199.032 Florida Statutes? [ ] Yes [X] No

9. Name and Address of Current Registered Agent

POMBIER, EDWARD C
UNIVERSITY OF MIAMI SCHOOL OF MEDICINE
1600 NW 12TH AVENUE
MIAMI FL 33136

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 Section 607.0501, Florida Statutes, the undersigned submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The name and address of the registered office and the name and address of the registered agent after the change are as follows:

SIGNATURE

12. OFFICERS AND/OR DIRECTORS		13.	
	D		[ ] Change [ ] Addition
NAME	POMBIER, EDWARD C	NAME	
Mailing Address	PO BOX 016960 N/A	Mailing Address	
City-St-Zip	MIAMI FL 33101	City-St-Zip	
	D		[ ] Change [ ] Addition
NAME	EWELL, ARCIE	NAME	
Mailing Address	950 NW 20TH STREET	Mailing Address	
City-St-Zip	MIAMI FL 33127	City-St-Zip	
	D		[X] Change [ ] Addition
NAME	AVINO, JOAQUIN G	NAME	VIDAL, ARMANDO
Mailing Address	111 NW 1ST STREET	Mailing Address	111 NW 1st STREET
City-St-Zip	MIAMI FL 33128	City-St-Zip	MIAMI, FL 33128
	D		[ ] Change [ ] Addition
NAME	ODIO, CESAR	NAME	
Mailing Address	3500 PAN AMERICAN DRIVE	Mailing Address	
City-St-Zip	MIAMI FL 33133	City-St-Zip	
	D		[ ] Change [ ] Addition
NAME	ALEMAN, RALPH	NAME	
Mailing Address	1400 NW 12TH AVENUE	Mailing Address	
City-St-Zip	MIAMI FL 33136	City-St-Zip	
	D		[ ] Change [ ] Addition
NAME	VISIEDO, OCTAVIO J	NAME	
Mailing Address	1450 NE 2ND AVENUE, ROOM 403	Mailing Address	
City-St-Zip	MIAMI FL 33132	City-St-Zip	

14. To the best of my knowledge, the information contained herein 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 above or on an attachment with an address.

SIGNATURE: Edward C Pombier 4/24/95 547-4160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

004001