

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**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 APR 14 AM 9:13

**DOCUMENT # N94000005810 (6)**

1. Corporation Name

**CSA, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address

3124 S.W. 1 AVE.  
MIAMI FL 33129

3124 S.W. 1 AVE.  
MIAMI FL 33129

3. Date Incorporated or Qualified 3a. Date of Last Report  
11/23/1994 11/23/94  
4. FEI Number Applied For  
65-0536217 Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 1156 SW 22 Street 26 P.O. Box 452824  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 #20 27  
City & State City & State  
23 Miami, FL 28 Miami, FL  
Zip Country Zip Country  
24 33129 25 Dade 29 33245 30 Dade

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
URBANO, LEDIA S  
3124 S.W. 1 AVE.  
MIAMI FL 33129

10. Name and Address of New Registered Agent  
81 Name N/A  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	URBANO, LEDIA S
STREET ADDRESS	3124 S.W. 1 AVE.
CITY - ST - ZIP	MIAMI FL 33129
TITLE	D
NAME	FERNANDEZ, GUILLERMO H M
STREET ADDRESS	3124 S.W. 1 AVE.
CITY - ST - ZIP	MIAMI FL 33129
TITLE	D
NAME	GUARDIA, DARNA A
STREET ADDRESS	3260 S.W. 23 TERR.
CITY - ST - ZIP	MIAMI FL 33145
TITLE	D
NAME	GUARDIA, MARCELINO
STREET ADDRESS	3260 S.W. 23 TERR.
CITY - ST - ZIP	MIAMI FL 33145
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE: Ledia S. Urbano DATE: 4/4/95 (005)860-0204  
LEDIA S. URBANO