

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N94000005810 (6)

1. Corporation Name  
CSA, INC.



Principal Place of Business  
1150 SW 22 STREET  
SUITE 780 21  
MIAMI FL 33129  
US

Mailing Address  
P.O. BOX 452824  
MIAMI FL 33245  
US

3. Date Incorporated or Qualified 11/23/1994  
3a. Date of Last Report 04/14/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 65-0536217	Applied For Not Applicable			
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required			
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees			
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

URBANO, LEDIA S  
3124 S.W. 1 AVE.  
MIAMI FL 33129

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D URBANO, LEDIA S <input type="checkbox"/> DELETE	1.1 TITLE	D William E. LEIVA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URBANO, LEDIA S	1.2 NAME	900 6th # 7
STREET ADDRESS	3124 S.W. 1 AVE.	1.3 STREET ADDRESS	Miami Beach, FL 33139
CITY - ST - ZIP	MIAMI FL 33129	1.4 CITY - ST - ZIP	
TITLE	D FERNANDEZ, GUILLERMO H M <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D JOSE Garcia <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, GUILLERMO H M	2.2 NAME	7741 SW 19 St.
STREET ADDRESS	3124 S.W. 1 AVE.	2.3 STREET ADDRESS	Miami, FL 33155
CITY - ST - ZIP	MIAMI FL 33129	2.4 CITY - ST - ZIP	
TITLE	D GUARDIA, DARNA A <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUARDIA, DARNA A	3.2 NAME	
STREET ADDRESS	3260 S.W. 23 TERR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33145	3.4 CITY - ST - ZIP	
TITLE	D GUARDIA, MARCELINO <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUARDIA, MARCELINO	4.2 NAME	
STREET ADDRESS	3260 S.W. 23 TERR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33145	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] Date: 5/1/96 (305) 860-0204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)