

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

DOCUMENT # P25467 (2)

1. Corporation Name

CRS GROUP, INC.



Principal Place of Business

Mailing Address

8401 NW 53 TERR.
SUITE 116
MIAMI FL 33166
US

8401 NW 53 TERRACE
SUITE 116
MIAMI FL 33122-1005 33166
US

3. Date Incorporated or Qualified

08/02/1989

3a. Date of Last Report

03/16/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, DONALD L JR
8401 NW 53 TERRACE
SUITE 116
MIAMI FL 33166

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 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

(Signature, typed or printed name of registered agent and board of directors)

(NOTE: Registered Agent signature required when reinstating)

3-5-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME SMITH, DONALD LEWIS, JR.
STREET ADDRESS 8401 NW 53 TERR. SUITE 116
CITY-ST-ZIP MIAMI FL

TITLE VST ☐ DELETE

NAME RAHN, JACK L.
STREET ADDRESS 8401 NW 53 TERR., SUITE 116
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME RAHN, JACK L.
STREET ADDRESS 8401 NW 53 TERR., SUITE 116
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS

TITLE ☐ DELETE

NAME
STREET ADDRESS

TITLE ☐ DELETE

NAME
STREET ADDRESS

TITLE ☐ DELETE

NAME
STREET ADDRESS

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D.L. Smith, Jr.

3-5-96

DATE

305-591-9475

DAYTIME PHONE #

CR2E034 (12/95)