FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P26758** **(3)**

1. Corporation Name
CMC DEVELOPMENT SERVICES, INC.

Principal Place of Business	Mailing Address
SUITE 3150 701 BRICKELL AVE MIAMI FL 33131	SUITE 3150 701 BRICKELL AVE MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/06/1989**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **51-0321427** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COLOMBO, UGO
701 BRICKELL AVE
MIAMI FL 33131

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 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	COLOMBO, UGO	12 NAME		
STREET ADDRESS	1627 BRICKELL AVE.	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	S	21 TITLE		☐ Change ☐ Addition
NAME	MACKAY, MICHAEL W. (ASST	22 NAME		
STREET ADDRESS	711 THIRD AVENUE	23 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	24 CITY-ST-ZIP		
TITLE	~~VP~~	31 TITLE		☑ Change ☐ Addition
NAME	~~CABALLERO, ILEANA P~~	32 NAME	REMOVE ILEANA CABALLERO	
STREET ADDRESS	~~701 BRICKELL AVE STE 3150~~	33 STREET ADDRESS		
CITY-ST-ZIP	~~MIAMI FL~~	34 CITY-ST-ZIP		
TITLE	~~S~~	41 TITLE	REMOVE ILEANA CABALLERO	☑ Change ☐ Addition
NAME	~~CABALLERO, ILEANA P~~	42 NAME		
STREET ADDRESS	~~701 BRICKELL AVE STE 3150~~	43 STREET ADDRESS		
CITY-ST-ZIP	~~MIAMI FL~~	44 CITY-ST-ZIP		
TITLE		51 TITLE	VICE - PRESIDENT	☐ Change ☑ Addition
NAME		52 NAME	ARTHUR J. MURPHY	
STREET ADDRESS		53 STREET ADDRESS	701 Brickell Ave #3150	
CITY-ST-ZIP		54 CITY-ST-ZIP	Miami, Florida 33131	
TITLE		61 TITLE	ASSISTANT SECRETARY	☐ Change ☑ Addition
NAME		62 NAME	Esther F. Riderhour	
STREET ADDRESS		63 STREET ADDRESS	701 Bricken Ave #3150	
CITY-ST-ZIP		64 CITY-ST-ZIP	Miami, Florida 33131	

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)(i), 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: _____ 4/3/95 (305) 372-0550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0128440 CP