SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 MAY -1 AM 11: 34

DOCUMENT # P93000036201 (0)

1. Corporation Name
CIC ASSET MANAGEMENT, INC.

Principal Place of Business	Mailing Address
888 BRICKELL AVENUE 5TH FLOOR MIAMI FL 33131	888 BRICKELL AVENUE 5TH FLOOR MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: ~~05/17/1993~~ 11/21693
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business	2a. Mailing Address
21 888 Brickell Ave.	26 888 Brickell Ave.
Suite, Apt. #, etc: 22 5th Floor	Suite, Apt. #, etc: 27 5th Floor
City & State: 23 Miami, Florida	City & State: 28 Miami, florida
Zip: 24 33131 / Country: 25	Zip: 29 33131 / Country: 30

4. FEI Number: ~~65-0384090~~ 650487642 — [✓] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MURAI WALD BIONDO & MORENO PA 25 SE 2ND AVE 900 INGRAHAM BLDG MIAMI FL 33131	81 Name: CIC ADMINISTRATIVE SERVICES Inc. 82 Street Address (P.O. Box Number is Not Acceptable): 888 Brickell Avenue. 83 5th Floor 84 City: Miami FL 85 Zip Code: 33131

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] DATE: 6/09/95

12. OFFICERS AND DIRECTORS		13.	
TITLE	~~D~~	1 TITLE	President [✓] Change [ ] Addition
NAME	ORTEGA, LUIS A	1 NAME	
STREET ADDRESS	888 BRICKELL AVE., 5TH FLOOR	1 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	1 CITY-ST-ZIP	
TITLE	~~PDT~~	2 TITLE	[✓] Change [ ] Addition
NAME	~~GONZALEZ, HUMBERTO~~	2 NAME	
STREET ADDRESS	~~888 BRICKELL AVE., 5TH FLOOR~~	2 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL 33131~~	2 CITY-ST-ZIP	
TITLE	VSD	3 TITLE	[ ] Change [ ] Addition
NAME	HERRERA, WILLIAM A	3 NAME	
STREET ADDRESS	888 BRICKELL AVE.	3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	3 CITY-ST-ZIP	
TITLE		4 TITLE	D [ ] Change [✓] Addition
NAME		4 NAME	MANUEL SANCHEZ
STREET ADDRESS		4 STREET ADDRESS	888 Brickell Avenue. 5th Floor
CITY-ST-ZIP		4 CITY-ST-ZIP	Miami, Fl. 33131
TITLE		5 TITLE	[ ] Change [ ] Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	[ ] Change [ ] Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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)(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: [signature] MANUEL SANCHEZ, DIRECTOR 6/12/95 (305)377-0369

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

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