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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMEN] OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

1. Corporation Name

P93000041425 (8) **DOCUMENT #**

CTIHOME DEVELOPMENT CORPORATION Principal Place of Business Mailing Address						
indipal Place d	of Business	Mailing Address				
	e Leon Blvd.	901 PONCE DE LEOI	N BLVD:			
SUITE 600	C EL 90104	SUITE 600 CORAL GABLES FL	22124			
CORAL GABLES FL 33134 US		US	W104	3. Date Incorporated or Qualified	3a. Date of Last Rep	
				06/10/1993	04/06/199	
Principa: Plac	ne of Business	2a. Mailing Address		4. FEI Number	├ ── ┤ ─`	pplied For ot Applicable
		[26]		65-0438527		Additional
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 4-11-	equired
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be
City is close		28		Trust Fund Contribution		to Fees
Z ₄ 0	Country	Zip	Country	8. This corporation has liability for		199.032,
	25	29	30		s No	
	Name and Address of Cur	rrent Registered Agent		10. Name and Address of New I	Registered Agent	
			81 Name			
FORMOS	O-MURIAS, HECTOR ESQ.		82 Street Add	Iress (P.O. Box Number is Not Acceptal	ble)	
1401 BRI	CKELL AVE.					
SUITE 73	10		83			
MIAMI FL	. 33131		84 City		FL 85 Zip	Code
or registere famil år with	id agent, or both, in the state or r n, and accept the obligations of, \S	Section 607.0505, Florida Statut	es.	and of directors. I hereby accept the app		-3-
IGNATURE _		and the selection of a constraint.	AUOTE: Revisitered Agent suggeture require	ad when renslation	DATE	
	Squarior typed or product is no of registered.		(NOTE: Registered Agent signature require	ed when reinstating: ADDITIONS/CHANGES TO OF		RS IN 12
		B AND DIRECTORS				RS IN 12
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Z. ILF MM: REE! ACORESS	OFFICERS P MATO, MANUEL N. 901 PONCE DE LEON, SI	S AND DIRECTORS	13. 1. 1 TITLE 1.2 NAME		FICERS AND DIRECTOR Change	☐ Addition
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SIGNATURE:

E. DANIE / LODEZ

2/20/96 (305)445-6171