

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

05 MAY -1 PM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000041768 (1)

1. Corporation Name

CAPITAL INDUSTRIES ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 2450 NE MIAMI GARDENS DRIVE SUITE 101 NORTH MIAMI FL 33180	Mailing Address 2450 NE MIAMI GARDENS DRIVE SUITE 101 NORTH MIAMI FL 33180
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3. Date Incorporated or Qualified 06/11/1993	3a. Date of Last Report 06/27/1994
4. FEI Number 65-0450546	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	FL
B3	
B4 City	

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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PSTD	NAME SAIFMAN, RONALD	1.1 TITLE President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1341 NW 96TH AVENUE	CITY-ST-ZIP PLANTATION FL	1.2 NAME Susan Saifman	
		1.3 STREET ADDRESS 2450 N.E. Miami Grdns Dr., Suite 101	
		1.4 CITY-ST-ZIP No. Miami Beach, Florida 33180	
TITLE ST	NAME SAIFMAN, SANDRA	2.1 TITLE Secretary/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10928 NASHVILLE DRIVE	CITY-ST-ZIP COOPER CITY FL	2.2 NAME Sandra Saifman	
		2.3 STREET ADDRESS 2450 N.E. Miami Grdns Dr., Suite 101	
		2.4 CITY-ST-ZIP No. Miami Beach, Florida 33180	
TITLE D	NAME SAIFMAN, RONALD	3.1 TITLE Treasurer/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10928 NASHVILLE DRIVE	CITY-ST-ZIP COOPER CITY FL	3.2 NAME Sandra Saifman	
		3.3 STREET ADDRESS 2450 N.E. Miami Grdns Dr., Suite 101	
		3.4 CITY-ST-ZIP No. Miami Beach, Florida 33180	
TITLE	NAME	4.1 TITLE Vice President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME Sandra Saifman	
		4.3 STREET ADDRESS 2450 N.E. Miami Grdns Dr., Suite 101	
		4.4 CITY-ST-ZIP No. Miami Beach, Florida 33180	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included in 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, as designated, or on an attachment with an address.

SIGNATURE *[Signature]* **Ronald Saifman** *[Name]* **4/29/95** *[Date]* **888 845-3225** *[Phone Number]*