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APPROVED AND FILED

95 APR 25 AM 10:29

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Mathews
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000049730 (3)

1. Corporation Name

CORPORATE SPONSORSHIPS, INC.

Principal Place of Business

**7201 S.W. 48TH COURT
MIAMI FL 33143**

Mailing Address

**7201 S.W. 48TH COURT
MIAMI FL 33143**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified

07/09/1993

3a. Date of Last Report

04/28/1994

2. Principal Place of Business

21 7201 CAPILLA CT.

2a. Mailing Address

26 7201 CAPILLA CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0474047

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. 100.032,

Florida Statutes

Yes

No

City & State

23 CORAL GABLES, FL

City & State

28 CORAL GABLES, FL

Zip

24 33143

Country

25 USA

Zip

29 33143

Country

30 USA

9. Name and Address of Current Registered Agent

**CALLEJA, EMILIO
7201 S.W. 48TH COURT
MIAMI FL 33143**

10. Name and Address of New Registered Agent

81 Name

CALLEJA, EMILIO

82 Street Address (P.O. Box Number is Not Acceptable)

83 7201 CAPILLA COURT

84 City

CORAL GABLES FL

85 Zip Code

33143

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 title if applicable

(NOTE: Registered Agent signatures required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
EMILIO, CALLEJA
7201 SW 48 CT
MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

**P
EMILIO CALLEJA
7201 CAPILLA CT
CORAL GABLES, FL 33143**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Handwritten Signature]

EMILIO CALLEJA

4/12/95

305 379 5660

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Area #