Applied For

\$8.75 Additional

Fee Required

Not Applicable

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000049899

C M A SYSTEMS, INC.

Principal Place of Business 4620 S.W. 10TH STREET

2. Principal Place of Business

Suite, Apt. #, etc.

MIAMI FL 3134

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Mailing Address

4620 S.W. 10TH STREET

MIAMI FL 3134

2a. Mailing Address

Suite, Apt. #, etc.

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FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90132 050 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

07/16/1993

65-0426578

City & State	е	├ ─┐ ′	City & State			,	lection Campaign F rust Fund Contribut		\$5.00 Added t	
23	Country	Zip		Country						
Zìp				Country			This corporation owes the current year in Personal Property Tax.			□No
24	25 29 3						lame and Address	☐ Yes		
	9. Name and Address of Cu	rrent Registered Agen	<u> </u>	81	Name	IU. N	iame and Address	or New Kegi	steren Agent	
ALIA	DEO CADLOS M			"	Name				• •	
AMADEO, CARLOS M 4620 S.W. 10TH STREET					Street A	Address (P.C	ddress (P.O. Box Number is Not Acceptable))	
									<u> </u>	
MAIM	AI FL 33134			83						
				84	City				85 Zip 0	- Orde
				[04	City				FL (")	
office or re	to the provisions of Sections 607.	ate of Florida. Such cha	ange was author	rized by '	lhe corpo	corporation s oration's boar	ubmits this statement of directors. I her	ent for the purp eby accept the	oose of changing its appointment as re	registered gistered
agent. I a	m familiar with, and accept the ob	ligations of, Section 60	7.0505, Florida 3	Statutes.					•	
SIGNATURE								·	DATE .	
	Signature, typed or printed name of registered			13.	signature re	equired when rein			ERS AND DIRECTO	DS IN 12
12.	OFFICERS AND DIRECTORS DELETE						DITIONS/CHANGE	S 10 OFFICE	Change	☐ Addition
TITLE	P	L		11 TITLE			~ .MOLOS	Μ.	(A) Criange	
NAM.E	AMADEO, CARLOS M		İ	12 NAME			D. LARLOS	141.	•	
STREET ADDRESS	3192 S.W. 23RD ST.			1.3 STREET	ADDRESS	3631 SU				
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST		MIAM	FL 33135			
TITLE	VP		DELETE	2.1 TITLE		VP.		4.0	🔀 Change	☐ Addition
NAME.	AMADEO, DENIA M		1	2.2 NAME		A MA DE	O. DENIA	M		
STREET ADDRESS	3192 SW 23 ST			2.3 STREET	ADDRESS	3421 5	W 35t FL 33135	_		
CITY-ST-ZIP	MIAMI FL 33145		1	2. 4 CITY- S	r- <i>Z</i> IP	MIAMI	FL 33135		,	
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				3.2 NAME					,,	
NAME				3.3 STREET	*DODECC					
STREET ADDRESS										
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TITLE		Ц		_					⊡ Cridilge	₩ ~
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TITLE				5.1 TITLE	ļ				∵ Change	☐ Addition
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STREET ADDRESS				5.3 STREET	ADDRESS					
CITY-ST-ZIP				5.4 CITY-ST	-ZIP		•			
TITLE			DELETÉ	6.1 TITLE					☐ Change	Addition
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				6.3 STREET	ADDRESS					
STREET ADDRESS				64 CITY-ST						
CITY-ST-ZIP	and that the information cumplic	1 20 0 TO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Lin Continu	40.07/2\/\(\)\ Elevide	Charles I for	the state of the least	- 6

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informati 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, with all other like empowered.

carlos-M. Amadeo ED