

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000062867 (5)**

1. Corporation Name

CMG PROPERTY MANAGEMENT, INC.



Principal Place of Business

**3734 MAIN HWY
COCONUT GROVE FL 33133**

Mailing Address

**3734 MAIN HWY
COCONUT GROVE FL 33133**

2. Principal Place of Business

2a. Mailing Address

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22
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27
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29

9. Name and Address of Current Registered Agent

**RABENSEIFNER, HANNA
2050 CORAL WAY
#514
MIAMI FL 33145**

3. Date Incorporated or Organized **09/09/1993**
3a. Date of Last Report **02/21/1995**
4. FLE Number **65-0435141**
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. 199.032 Florida Statutes Yes No

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0102 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the above agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0102, Florida Statutes.

SIGNATURE

12. Title of Officer or Director

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

12. NAME
12a. STREET ADDRESS
12b. CITY-STATE-ZIP
12c. TITLE
12d. NAME
12e. STREET ADDRESS
12f. CITY-STATE-ZIP
12g. NAME
12h. STREET ADDRESS
12i. CITY-STATE-ZIP
12j. NAME
12k. STREET ADDRESS
12l. CITY-STATE-ZIP

DELETE
**D
GUERRERO, CHERYL M
3734 MAIN HWY
COCONUT GROVE FL 33133**

13. 1. TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
2. TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
3. TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
4. TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5. TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6. TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

Change Addition
 Change Addition
 Change Addition
 Change Addition
 Change Addition
 Change Addition

14. I 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)(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. I am an officer or director of the corporation, its agent or trustee, or person provided to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13. My name and office are printed below with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/12/96 305 856-9518

CR2E034 (12/95)