FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

APPROVED AND FILED

95 MAY -1 PM 3:23

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **P93000071121 (6)**

1. Corporate Name

CERTIFIED MEDIATION ASSOCIATES, INC.

Principal Place of Business: 4990 SW 72ND AVE, SUITE 107, MIAMI FL 33155, US

Mailing Address: P.O. BOX 331663, COCONUT GROVE FL 33233-1663

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/13/1993

3a. Date of Last Report: 03/17/1994

4. FEI Number: 65-0447522 — Applied For / Not Applicable

2. Principal Place of Business: 21 4960 S.W. 72 Ave; 22 Suite: Suite 301; 23 City & State: Miami FL; 24 Zip: 33155; 25 Country: USA

2a. Mailing Address: 26 Po Box 331663; 27 Suite, Apt #, etc.: Ø; 28 City & State: Coconut Grove FL; 29 Zip: 33233-1663; 30 Country: USA

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 ... under ... Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SUMMER, SANFORD J ESQUIRE
3672 ROYAL PALM AVENUE
COCONUT GROVE FL 33133

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 607.0502 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 ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	SUMMER, SANFOR J
STREET ADDRESS	P.O. BOX 331663 N/A
CITY-ST-ZIP	COCONUT GROVE FL
TITLE	VTD
NAME	SUMMER, JULIEN H
STREET ADDRESS	20505 E COUNTRY CLUB DR
CITY-ST-ZIP	AVENTURA FL 33180

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (no entries) ☐ Change ☐ Addition

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 119.07(1)(i), Florida Statutes. I further certify that the information indicated on the 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.

SIGNATURE: [signature] 7/28/95 305-569-0075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SANFORD J. SUMMER

0431265 FP