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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1. Corporation	MENT # P9400	0001436 ((2)		
CAM	BRIDGE SQUARE, INC.	·	. •	[88 (1)1 8 8 1
Principal Plac	e of Business	A Jacobson A and A			
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9012 NW 1 5200 BLUE MEDLEY FI US	LAGOON DRIVE, SUITE 700	9012 NW 105 WAY 5200 BLUE LAGOOI MEDLEY FL 33178 US	n drive. Suite 700	Date Incorporated or Qualified	
9. Dilinaia I D				12/28/1993 05/01/19	
2. Principal P	lace of Business	2a. Mailing Address		A ECI Number	oplied For
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			lot Applicable
2		27 Suite, Apit. #, etc.			Additional
City & State	е	City & State		Fee R	Required
3		28		7. 15 16 18	May Be to Fees
Zip [4]	Country	Zip	Country	This corporation has liability for intangible tax under s. 1	199 032
<u></u>	25 9. Name and Address of Current	29	30	Florida Statutes 📝 Yes 🔲 No	100.002.
		negistered Agent	81 Name	10. Name and Address of New Registered Agent	
MIAMI	CORPORATE SYSTEMS, INC.				
5200 B	LUE LAGOON DRIVE, SUITE 700		82 Street A	ddress (P.O. Box Number is Not Acceptable)	·
MIAMI	FL 33126		83		·· · · · · · · · · · · · · · · · · · ·
			84 City	85 Zip €	Code
44 5					
11. Pursuant t	the provisions of Sections 607.0502 a ed agent, or both, in the State of Florida	and 607.1508, Florida Statut	es, the above named con	poration submits this statement for the purpose of changing its rec	gistered office
	o the provisions of Sections 607.0502 a ed agent, or both, in the State of Florida th, and accept the obligations of, Section	and 607.1508, Florida Statul L Such change was authoriz n 607.0505, Florida Statute:	tes, the above named corred by the corporation's b	poration submits this statement for the purpose of changing its regionard of directors. I hereby accept the appointment as registered a	gistered office igent. I am
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SIGNATURE:

SIGNATURE AND TYPED OF PRATED NAME OF SIGNING OFFICER OR DIRECTOR

EDUARDO LAPOSSE ADAME

01/30/96

884-2606

Daytime Phone i