

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000001436 (2)

1. Corporation Name

CAMBRIDGE SQUARE, INC.

Principal Place of Business

Mailing Address

9012 NW 105 WAY  
5200 BLUE LAGOON DRIVE, SUITE 700  
MEDLEY FL 33178  
US

9012 NW 105 WAY  
5200 BLUE LAGOON DRIVE, SUITE 700  
MEDLEY FL 33178  
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/28/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0503562

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. 199.032,  
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

MIAMI CORPORATE SYSTEMS, INC.  
5200 BLUE LAGOON DRIVE, SUITE 700  
MIAMI FL 33128

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

Signature, typed or printed name of registered agent and firm if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

~~DVP~~  
~~ADAME, EDUARDO LAPOSSE~~  
~~9012 NW 105 WAY~~  
~~MEDLEY FL~~

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

~~DVP~~  
~~ADAME, CARLO ALBERTO~~  
~~9012 NW 105 WAY~~  
~~MEDLEY FL~~

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

~~DVP~~  
~~ADAME, FRANCISCO JAVIER~~  
~~9012 NW 105 WAY~~  
~~MEDLEY FL~~

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

~~DP~~  
~~RASCO JR., JOSE IGNACIO~~  
~~9012 NW 105 WAY~~  
~~MEDLEY FL~~

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

~~AT~~  
~~CASAS, JUAN~~  
~~9012 NW 105 WAY~~  
~~MEDLEY FL~~

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

D P  
LAPOSSE ADAME, EDUARDO  
9012 NW 105 WAY  
MEDLEY FL

☒ Change ☐ Addition

D T  
LAPOSSE ADAME, CARLO ALBERTO  
9012 NW 105 WAY  
MEDLEY FL

☒ Change ☐ Addition

D S  
LAPOSSE ADAME, FRANCISCO JAVIER  
9012 NW 105 WAY  
MEDLEY FL

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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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(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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDUARDO LAPOSSE ADAME

04/30/96

864-2606

Date

Daytime Phone #

CR2E034 (12/95)