

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

FILED

96 NOV -8 AM 11:50

SECRETARY OF STATE

DOCUMENT # **P94000008598 (2)**

1. Corporation Name

**C.A. ASSOCIATES, INC.**

**REINSTATEMENT** *96*

Principal Place of Business	Mailing Address
9130 S. DADELAND BLVD. SUITE 1619 MIAMI FL 33156	9130 S. DADELAND BLVD. SUITE 1619 MIAMI FL 33156

3. Date Incorporated or Qualified <b>02/03/1994</b>	3a. Date of Last Report <b>08/14/1995</b>
4. FEI Number <b>65-0563989</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fee</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>LIEBERMAN, STEVEN</b> <b>9130 S. DADELAND BLVD.</b> <b>SUITE 1619</b> <b>MIAMI FL 33156</b>				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]*

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

(NOTE: Registered Agent signature required when reinstating)

*10/23/96*

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PSD</b>	1.2 NAME	
STREET ADDRESS	<b>OTERO, ALBERTO</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>9130 S. DADELAND BLVD. #1619</b>	1.4 CITY-ST-ZIP	
	<b>MIAMI FL</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.2 NAME	<b>700002003697--9</b>
NAME	<b>VTD</b>	2.3 STREET ADDRESS	<b>-11/13/96--01182--014</b>
STREET ADDRESS	<b>DAVIDSON, CRAIG R</b>	2.4 CITY-ST-ZIP	<b>***\$375.00 ***\$375.00</b>
CITY-ST-ZIP	<b>9130 S. DADELAND BLVD. #1619</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>MIAMI FL</b>	3.2 NAME	
TITLE	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
NAME		3.4 CITY-ST-ZIP	
STREET ADDRESS		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		4.2 NAME	
TITLE	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
NAME		4.4 CITY-ST-ZIP	
STREET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		5.2 NAME	
TITLE	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
NAME		5.4 CITY-ST-ZIP	
STREET ADDRESS		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10/23/96*

DATE

Daytime Phone #

*252-2508*

CR2E034 (3/96)