

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000025279 (8)**

1. Corporation Name

ST. PAUL CMHC, INC.

Principal Place of Business

**717 PONCE DE LEON BLVD.
STE. 317
CORAL GABLES FL 33134**

Mailing Address

**717 PONCE DE LEON BLVD
STE. 317
CORAL GABLES FL 33134**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/25/1994		3a. Date of Last Report 06/15/1995	
21 1943 N.W. 9th Ave		26 1943 N.W. 9th Ave		4. FEI Number 65-0476971		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 City & State Ft. Lauderdale, FL		28 City & State Ft. Lauderdale, FL		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Zip 33111		29 Country US		30 Zip 33311		31 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GOSS, PHILIP E JR 717 PONCE DE LEON BLVD. STE. 317 CORAL GABLES FL 33134				81 Name De Feria, Janelia			
				82 Street Address (P.O. Box Number is Not Acceptable) 717 Ponce de Leon Blvd			
				83 Suite Suite 237			
				84 City Coral Gables, FL			
				85 Zip Code 33134			

11. Pursuant to the provisions of Sections 607.0501 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 of Registered Agent (Signature required when registering)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE D		1. TITLE D	
2. NAME GOSS, PHILIP E JR.		2. NAME Mitts, Estill D.	
3. STREET ADDRESS 717 PONCE DE LEON BLVD. STE. 317		3. STREET ADDRESS 717 Ponce de Leon Blvd, 237	
4. CITY-STATE-ZIP CORAL GABLES FL 33134		4. CITY-STATE-ZIP Coral Gables, Florida 33134	
5. TITLE ☐ DELETE		5. TITLE ☐ Change ☐ Addition	
6. NAME		6. NAME	
7. STREET ADDRESS		7. STREET ADDRESS	
8. CITY-STATE-ZIP		8. CITY-STATE-ZIP	
9. TITLE ☐ DELETE		9. TITLE ☐ Change ☐ Addition	
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY-STATE-ZIP		12. CITY-STATE-ZIP	
13. TITLE ☐ DELETE		13. TITLE ☐ Change ☐ Addition	
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY-STATE-ZIP		16. CITY-STATE-ZIP	
17. TITLE ☐ DELETE		17. TITLE ☐ Change ☐ Addition	
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY-STATE-ZIP		20. CITY-STATE-ZIP	
21. TITLE ☐ DELETE		21. TITLE ☐ Change ☐ Addition	
22. NAME		22. NAME	
23. STREET ADDRESS		23. STREET ADDRESS	
24. CITY-STATE-ZIP		24. CITY-STATE-ZIP	
25. TITLE ☐ DELETE		25. TITLE ☐ Change ☐ Addition	
26. NAME		26. NAME	
27. STREET ADDRESS		27. STREET ADDRESS	
28. CITY-STATE-ZIP		28. CITY-STATE-ZIP	
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35. STREET ADDRESS		35. STREET ADDRESS	
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98. NAME		98. NAME	
99. STREET ADDRESS		99. STREET ADDRESS	
100. CITY-STATE-ZIP		100. CITY-STATE-ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-27-96

CR2E034 (12/95)