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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

SIGNATURE: _

P94000026151 (8)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C.D. TRANSFER INC. Principal Place of Business Mailing Address										
Principal Place of Business 2913 SO STATE ROAD 7 WEST HOLLYWOOD FL 33023 Mailing Address 2913 SO ST WEST HOLLYWOOD FL 33023										
US		US	S				3. Date incorporated or Qualified 04/05/1994	3a. Date	of Last 0	
2. Principal Pla	ace of Business	2a. Ma	lailing Address				4. FEI Number	, I	1	Applied For
21		26					65-0477303			Not Applicable
Suite, Apt. #	#, etc.		uite, Apt. #, etc.				5. Certificate of Status Desired	П		5 Additional
2		27	6 Chale				e first Consider Financian			Required
City & State	•	28	ity & State				6. Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
3 7ip	Country	Zış	D	Cour	ntry		8. This corporation has liability for	intangible ta		
4]	25	29	•	30	,		Florida Statutes			
	9, Name and Address of Curre		ed Agent				10. Name and Address of New	Registered	Agent	
					81	Name				
	IINO, ERLINDA C				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	O. STATE ROAD #7				-					
WEST	HOLLYWOOD FL 33023				83					
				ţ	84	City		FL	85 2	Zip Code
11. Pursuant to or registere familiar wit	to the provisions of Sections 607.056 ed agent, or both, in the State of Flo	02 and 607.1 orida. Such chection 607.050	508, Florida Statu hange was authori 05, Florida Statute	ites, the abovized by the c	ve-na orpor	med corpora ration's board	ation submits this statement for the po d of directors. I hereby accept the ap	pointment as	registere	ed agent. I am
familiar wit SIGNATURE	th, and accept the obligations of, Se Sgreture, typed or printed name of registered age	ection 607.050	us, Florida Statute	! 5.			d of directors. Thereby accept the application is a comparable of the application of the	DATE		
familiar wit SIGNATURE _ 12.	th, and accept the obligations of, Se Sgreture, typed or printed name of registered age	ent and title if apple	us, Florida Statute	IOTE: Registered	Agent s		when rouslakigi	DATE FICERS AND		ORS IN 12
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