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 # **P94000027311**

1. Corporation Name

C.M.A. FLORIDA CORP.

Principal Place of Business / Mailing Address

7561 N.W. 77 Terrace
Miami Florida
33166

2. Principal Place of Business	2a. Mailing Address
21 **7561 N.W. 77 Terr.**	26 **1895 N.E. 142nd St**
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State **Miami Florida**	28 City & State **North Miami Florida**
24 Zip **33166** 25 Country **U.S.A.**	29 Zip **33161** 30 Country **U.S.A.**

3. Date Incorporated or Qualified: **April 7th 1994**
3a. Date of Last Report:
4. FEI Number: **65-0493302** ☐ 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

9. Name and Address of Current Registered Agent

Carlos M. Almeida, Presidente
7561 N.W. 77th Terrace
Miami, FL 33166

10. Name and Address of New Registered Agent

81 Name: **Carlos M. Almeida**
82 Street Address (P.O. Box Number is Not Acceptable): **1895 N.E. 142nd ST**
83 **North Miami Florida 33161**
84 City: **North Miami** **FL** 85 Zip Code: **33161**

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: _____ DATE: _____
Signature, typed or printed name of registered agent or Officer of agent corp. — NOTE: Registered Agent's signature required when changing

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President ANA T. Cuervo 1895 N.E. 142nd. ST. North Miami Fla. 33161	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Carlos M. Almeida Jr. 1895 N.E 142 St North Miami Fla 33161	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition 800001901908 -07/23/96--01086--010 ***200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition 000001901910 -07/23/96--01086--011 ***8.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition OK 5/1/96

CR2E034 (12/95)

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: Carlos M. Almeida — 4-29-96 — (305) 947-9373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #