FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90072 028 ***150.00

DOCUMENT # P94000053712

CSM EN	iterprises of South Flo	RIDA, INC			
Principal Plac	e of Business	Mailing Address			IBI BIIBD IITII TOODI TIRID IIDI TARL
7800 RED ROA SUITE 212 SOUTH MIAMI	AD.	7800 RED ROAD SUITE 212 SOUTH MIAMI FL 33143		DO NOT WRITE IN TH 3. Date Incorporated or Qualifed 07/20/1994	IIS SPACE
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0505789	Not Applicable
	#15°C	Suite, Apt. #, etc.	<u> </u>	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Sta	·-····································	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zìp	Country	Zip	Country	8. This corporation owes the current year	
24	25	29 3	0	Personal Property Tax.	Yes □No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registers	ed Agent
	RWITZER, CRAIG		81 Name 82 Street Ac	dress (P.O. Box Number is Not Acceptable)	1 215
7800 RED ROAD, SUITE 212			7	SOO RED ROAD	SUITE 215C
SOL	JTH MIAMI FL 33143		83		
			84 City	OUTH MIAMI F	L 85 Zip Code 3 3 143
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes			of changing its registered
office or	registered agent, or both, in the State o am familiar with, and accept the obligation	f Florida. Such change was aut	horized by the corpora	ation's board of directors. I hereby accept the app	pointment as registered
SIGNATURE		AND TE	egistered Agent signature requ	uired when reinstating) DATE	<u> </u>
12.	Signature, typed or printed name of registered agent OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	DP	DELETE	1.1 TITLE	DV5T	Change
NAME	MERWITZER, CRAIG		1.2 NAME		•
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTH MIAMI FL		1.4 CITY-ST-ZIP	•	
TITLE P	MERWITZET	DELETE	2.1 TITLE	P	☐ Change ★Addition
NAME P					SEANN
STREET ADDRESS	7800 RED R.	UAD, SUITEZISC	2.3 STREET ADDRESS	MERWITZER, RO. 7800 RED ROAD, 500TH MIAMI, F	SUITE 215C
CITY-ST-ZIP	SOUTH. MIAMI,	FL	2. 4 CITY-ST-ZIP	SOUTH MIAMI. F	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-\$T-ZIP		El Chases El 4229
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		·
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		☐ cuande ☐ vacapou
NAME			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP		DELETE	6.1 TITLE		Change Addition
TITLE			6.2 NAME		
NAME			6.3 STREET ADDRESS		
STREET ADDRESS	:1				

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: