

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 23 PM 1:26

DOCUMENT # P94000063336 (9)

1. Corporation Name
CSA MARKETING, INC.

Principal Place of Business
**8600 S.W. 42ND STREET
MIAMI FL 33155**

Mailing Address
**8600 S.W. 42ND STREET
MIAMI FL 33155**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/29/1994** 3a. Date of Last Report

2. Principal Place of Business
21 **8600 SW 42ND ST** 26 **8600 SW 42ND ST**

4. FEI Number **65-0534282** 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 28 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip 25 County 29 Zip 30 County

6. This corporation has liability for intangible tax under S. 199.042, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MESTRIL, FERNANDO
8600 S.W. 42ND STREET
MIAMI FL 33155**

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 typed or printed name of registered agent and filer if applicable

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PVD**
NAME **MESTRIL, FERNANDO**
STREET ADDRESS **8600 S.W. 42ND ST.**
CITY, ST, ZIP **MIAMI FL 33155**

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

TITLE **SVTD**
NAME **FUSTE, MARIETTA**
STREET ADDRESS **8600 S.W. 42ND ST.**
CITY, ST, ZIP **MIAMI FL 33155**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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 110.07(3)(A), 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 the 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:

Fernando Mestril
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
FERNANDO MESTRIL

5/18/95 (301) 274-6035
Date District Office #