

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000063336 (9)**

1. Corporation Name
CSA MARKETING, INC.



Principal Place of Business: **8600 SW 42ND ST. MIAMI FL 33155 US**
Mailing Address: **8600 SW 42ND ST. MIAMI FL 33155 US**

3. Date Incorporated or Qualified: **08/29/1994**
3a. Date of Last Report: **05/23/1995**
4. FEI Number: **65-0534282**
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

2. Principal Place of Business: **9385 SW 72 ST. SUITE 208 MIAMI FL 33173 USA**
2a. Mailing Address: **9385 SW 72 ST. SUITE 208 MIAMI FL 33173 USA**

9. Name and Address of Current Registered Agent: **MESTRIL, FERNANDO 8600 S.W. 42ND STREET MIAMI FL 33155**
10. Name and Address of New Registered Agent: **81 Name: MESTRIL, FERNANDO 82 Street Address (P.O. Box Number is Not Acceptable): 9385 SW 72 ST. SUITE 208 83 City: MIAMI FL 85 Zip Code: 33173**

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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE: PVD	NAME: MESTRIL, FERNANDO	1.1 TITLE: <input checked="" type="checkbox"/> DELETE	1.2 NAME: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS: 8600 S.W. 42ND ST.	3. CITY, ST. ZIP: MIAMI FL 33155	1.3 STREET ADDRESS: P/D FERNANDO MESTRIL 9385 SW 72 ST #208	1.4 CITY, ST. ZIP: MIAMI, FL. 33173
4. TITLE: SVTD	NAME: FUSTE, MARIETTA	2.1 TITLE: <input checked="" type="checkbox"/> DELETE	2.2 NAME: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS: 8600 S.W. 42ND ST.	6. CITY, ST. ZIP: MIAMI FL 33155	2.3 STREET ADDRESS: S/T/D MARTHA MESTRIL 9385 SW 72 ST #208	2.4 CITY, ST. ZIP: MIAMI, FL. 33173
7. TITLE: <input type="checkbox"/> DELETE	8. NAME: <input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
9. STREET ADDRESS: <input type="checkbox"/> DELETE	10. CITY, ST. ZIP: <input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS: <input type="checkbox"/> DELETE	12. CITY, ST. ZIP: <input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13. STREET ADDRESS: <input type="checkbox"/> DELETE	14. CITY, ST. ZIP: <input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
15. STREET ADDRESS: <input type="checkbox"/> DELETE	16. CITY, ST. ZIP: <input type="checkbox"/> DELETE	7.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	7.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
17. STREET ADDRESS: <input type="checkbox"/> DELETE	18. CITY, ST. ZIP: <input type="checkbox"/> DELETE	8.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	8.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
19. STREET ADDRESS: <input type="checkbox"/> DELETE	20. CITY, ST. ZIP: <input type="checkbox"/> DELETE	9.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	9.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Fernando Mestril* **2/21/96 (30) 274-7675**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)