

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # P94000064024

1. Corporation Name

CMG MANAGEMENT, INC.

Principal Place of Business: 2127 Brickell Avenue, #3202, Miami, Florida 33131  
Mailing Address: 2127 Brickell Avenue, #3202, Miami, Florida 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: August 30, 1994  
3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For  
Not Applicable

21 Sute, Apt. #, etc.

26 Sute, Apt. #, etc.

65-0520868

5. Certificate of Status Desired  \$8.75 Additional Fee Required

22 City & State

27 City & State

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

23

28

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMKGS REGISTERED AGENTS, INC.  
1980 SunBank International Center  
One S.E. Third Avenue  
Miami, Florida 33131

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 607.1506, 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 title if applicable)

NOTE: Registered Agent signature required when terminating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D, P, S  
NAME: Marcó de Souza  
STREET ADDRESS: 2127 Brickell Ave., #3202  
CITY ST ZIP: Miami, Florida 33131

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

TITLE: V  
NAME: Claudia Andrade de Souza  
STREET ADDRESS: 2127 Brickell Ave., #3202  
CITY ST ZIP: Miami, Florida 33131

21 TITLE:  Change  Addition  
22 NAME: 700001479487  
23 STREET ADDRESS: -05/04/95--01031--005  
24 CITY ST ZIP: \*\*\*\*200.00 \*\*\*\*200.00

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 119.07(3)(b), Florida Statute. I further certify that the information indicated on this annual report or supplementary 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 of this filing. (Sign on an attachment with an address.)

SIGNATURE:

MARCO ANTONIO DE SOUZA

4/18/95 - (305) 856-8240

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (Month/Day/Year)