

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000068700 (1)  
1. Corporation Name

CD-PLUS CORPORATION

Principal Place of Business

Mailing Address

8553 N.W. 68TH STREET  
MIAMI FL 33166

8231 NW 8TH ST.  
SUITE 113  
MIAMI FL 33126



3. Date Incorporated or Qualified  
09/15/1994

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business  
21 7830 NW. 71ST

2a. Mailing Address  
26 8231 NW 8 ST.

4. FEI Number  
65-0526679

Applied For  
Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

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

22 City & State  
23 MIAMI FLORIDA

27 City & State  
28 MIAMI FL

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

24 Zip  
33166

Country

29 Zip  
33126

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ECHAVARRIA, FERNANDO A  
8231 N.W. 8TH STREET  
APARTMENT 113  
MIAMI FL 33126

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 of 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 fee, if applicable

(NOTE: Registered Agent signature required when reappointing)

7/2/96.

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME ECHAVARRIA, FERNANDO A  
STREET ADDRESS 8231 N.W. 8TH STREET, APT. 113  
CITY-ST-ZIP MIAMI FL 33126

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

P  
FERNANDO ECHAVARRIA  
8231 NW 8TH STREET APT 113  
MIAMI FL 33126

TITLE VP  
NAME RODRIGUEZ-BENITEZ, RAFAEL  
STREET ADDRESS 230 N.W. 87TH AVENUE, APT. 1-219  
CITY-ST-ZIP MIAMI FL 33172

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

VP  
MERCEDES ECHAVARRIA  
8231 NW 8TH STREET APT 113  
MIAMI, FL. 33126

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

100001929971  
-08/22/96--01015--031  
\*\*\*225.00

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 19.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)