FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 2:02

DOCUMENT # **P94000071639 (6)**

1. Corporation Name

CB-SQUARE, INC.

Principal Place of Business	Mailing Address
C/O 1 E. BROWARD BLVD., #1101 FORT LAUDERDALE FL 33301	C/O 1 E. BROWARD BLVD., #1101 FORT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/29/1994

3a. Date of Last Report:

4. FEI Number: 65-0533982 — Applied For / Not Applicable

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 — 2a. Mailing Address

21 · 22 Suite, Apt. # etc. · 23 City & State · 24 Zip · 25 Country

26 · 27 Suite, Apt. # etc. · 28 City & State · 29 Zip · 30 Country

9. Name and Address of Current Registered Agent

PASTERNACK, MARSHALL R
1221 BRICKELL AVENUE
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 617.0502, 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

12. OFFICERS AND DIRECTORS

Title	D
Name	HORVITZ, WILLIAM D
Street Address	1 E. BROWARD BLVD., #1101
City-St-Zip	FORT LAUDERDALE FL 33301

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

(Title / Name / Street Address / City-St-Zip — [ ] Change [ ] Addition — blank)

REMITTED BY MAY 1

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 the 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: William D Horvitz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William D. Horvitz

4-2-95 — Date

(305) 524-7771 — Daytime Phone #

0432555 FP