FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

PM 2:27

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000090697 (1)

1. Corporate Name

CMA & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
9791 SW 99TH ST MIAMI FL 33176	9791 SW 99TH ST MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/14/1994

3a. Date of Last Report:

4. FEI Number: 65-0541226 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21 — 22 Suite, Apt. # etc. — 23 City & State — 24 Zip — 25 Country

2a. Mailing Address — 26 — 27 Suite, Apt. # etc. — 28 City & State — 29 Zip — 30 Country

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SANTOS, JOSE A JR 18TH FLOOR, COURTHOUSE TOWER 44 W. FLAGLER ST. MIAMI FL 33130	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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D SECRETARY/TRESURER	1 TITLE	☐ Change ☐ Addition
NAME	Carlos Aspillaga	1 NAME	
STREET ADDRESS	9791 SW 99 Street	1 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33176	1 CITY-ST-ZIP	
TITLE	D PRESIDENT	2 TITLE	☐ Change ☐ Addition
NAME	Margarita Aspillaga	2 NAME	
STREET ADDRESS	9791 SW 99 Street	2 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33176	2 CITY-ST-ZIP	
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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)(i), 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: M Aspillaga PRESIDENT APRIL 24'95 (305)279-1078

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0193274 CP