

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000006713 (8)**

1. Corporation Name

C.D. SOLUTION #6, INC.



Principal Place of Business

**354 NE 191ST STREET
NO. MIAMI BEACH FL 33179**

Mailing Address

**354 NE 191ST STREET
NO. MIAMI BEACH FL 33179**

3. Date Incorporated or Qualified **01/25/1995** 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **223 N.W. 2ND AVE**
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 **MIAMI, FLORIDA**

28 Zip

24 **33132** 25 **USA**

29 Zip 30 Country

4. FEI Number **65-0557732** 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MATLIN, BRIAN
2809 BIRD AVENUE STE. 124
NO. MIAMI BEACH FL 33133**

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

Signature, typed or printed name of registered agent and the corporation

Signature of Registered Agent Separate page must be filed

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D <input type="checkbox"/> DELETE
NAME	SCHWARTZ, MICHAEL
STREET ADDRESS	354 NE 191ST STREET
CITY-ST-ZIP	NO. MIAMI BEACH FL 33179
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1: TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1:2 NAME	
1:3 STREET ADDRESS	
1:4 CITY-ST-ZIP	
2:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2:2 NAME	
2:3 STREET ADDRESS	
2:4 CITY-ST-ZIP	
3:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3:2 NAME	
3:3 STREET ADDRESS	
3:4 CITY-ST-ZIP	
4:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4:2 NAME	
4:3 STREET ADDRESS	
4:4 CITY-ST-ZIP	
5:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5:2 NAME	
5:3 STREET ADDRESS	
5:4 CITY-ST-ZIP	
6:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6:2 NAME	
6:3 STREET ADDRESS	
6:4 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)(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, as changed, on an attachment with an address.

SIGNATURE: *Michael Schwartz* **Michael Schwartz** PRESIDENT 4-29-96 305-651-9371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone No.

CR2E034 (12/95)