## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 02 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000012116 (6)

CAH MANAGEMENT ENTERPRISES, INC.

Principal Place of Business Mailing Address 8810 INVERRAY BLVD 3610 INVERRAY BLVD LAUDERHILL FL 33319 LAUDERHILL FL 33319-4356 3a. Date of Last Report 3. Date Incorporated or Qualified 02/13/1995 04/11/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0570672 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes
 Yes \quad No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MORMENED, CARLOS CARLOS MORMENEO 3810 INVERRARY WAY Street Address (P.O. Box Number is Not Acceptable)
3810 [NUERRARY BLV0 #305 82 LAUDERHILL FL 33319 83 84 City 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. Thereby 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 Highstered Agent's griature required which reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 96/6 DELETE TITLE 1.1 THE Change Addition **SEIGEL, HAROLD** NAME 1.2 NAME 6231 NW 98TH DR STREET ADDRESS 1.3 STREET ADDRESS PARKLAND FL 33067 CITY-ST-ZIP 1.4 CITY-ST-7IP DELETE TITLE Change 2.1 TITLE Addition MORMENEO, CARLOS NAME 2.2 NAME 10220 VESTAL CT. <del>12019 NW-18T-0</del>T. STREET ADDRESS 2 8 STREET ADDRESS CORU-ODOINOS EI LORAL SPRINGS FL 33011 CITY-ST-ZIP 2 4 CITY-ST-ZIP Change DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.8 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.8 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP DELETE TITI F Change Addition 5 1 1ITLE NAME 5.2 NAME STREET ADDRESS **5.8 STREET ADDRESS** CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETE TITLE 6.1 THEF Change Addition NAME 6.2 NAME STREET ADDRESS 6.8 STREET ADDRESS

6.4 CHY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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 fam an officer or director of the corporation or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 13 to 13 to 10 to 10 and 14 to 10 to 1

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