FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000028944 (3)

1. Corporation Name
C.D.A. ENTERPRISES, INC.

Principal Place of Business	Mailing Address
221-3 N.W. 109TH AVENUE MIAMI FL 33172	221-3 N.W. 109TH AVENUE MIAMI FL 33172

3. Date Incorporated or Qualified: 04/12/1995
3a. Date of Last Report:

2. Principal Place of Business: 21 4730 N.W. 102 AV
Suite, Apt. #, etc.: 22 APT # 204
City & State: 23 MIAMI FL
Zip: 24 33172. Country: 25

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

4. FEI Number: 65-0575912 ☐ 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

GIL, TERESA
221-3 N.W. 109TH AVENUE
MIAMI FL 33172

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 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] DATE 04. 26. 96

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	GIL, TERESA	
STREET ADDRESS	~~221-3 N.W. 109TH AVE.~~	
CITY-ST-ZIP	~~MIAMI FL 33172~~	
TITLE	SD	☐ DELETE
NAME	DIAZ, CELIDET	
STREET ADDRESS	~~221-3 N.W. 109TH AVE.~~	
CITY-ST-ZIP	~~MIAMI FL 33172~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME	4730 N.W. 102 AV # 204	
1.3 STREET ADDRESS	MIAMI FL 33178	
1.4 CITY-ST-ZIP		
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME	4730 N.W. 102 AV. # 204	
2.3 STREET ADDRESS	MIAMI, FL 33178	
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME	000001870810	
5.3 STREET ADDRESS	-06/21/96--01026--002	
5.4 CITY-ST-ZIP	***225.00	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	5-1-96	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 if changed, or on an attachment with an address.

SIGNATURE: [signature] 04-26-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Teresa Gil President