

FILED



Jan 29 1997 8:00am
Secretary of State

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

Mailing Address

221-3 109TH AVE.
MIAMI FL 33172-5200

3a. Date of Last Report
05/01/1996

2a. Mailing Address

26 Suite, Apt #, etc.

27 _____
City & State

Zip		Country
29		30

Applied For
Not Applicable

\$8.75 Additional
Fee Required

\$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

81	Name
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82	Street Address (P.O. Box Number is Not Acceptable)
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83

64	City
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FL

85	Zip Code
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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 TERESA GIL

\$ g. also typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

01-21-77

DATE _____

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

DELETE

 DELETE

DELETE

☐ DELETE☐ DELETE☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
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14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime F'nale W