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 # **P95000057838 (1)**

1. Corporation Name

CMF GROUP, INC.

Principal Place of Business	Mailing Address
150 W FLAGLER ST SUITE 2701 MIAMI FL 33130	150 W FLAGLER ST SUITE 2701 MIAMI FL 33130

3. Date Incorporated or Qualified: 07/26/1995

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 3333 W. COMMERCIAL BLVD	26 3333 W COMMERCIAL BLVD
Suite, Apt. #, etc 22 #105	Suite, Apt. #, etc 27 #105
City & State 23 FT. LAUDERDALE, FL	City & State 28 FT. LAUDERDALE, FL
Zip / Country 24 33309 / 25 USA	Zip / Country 29 33309 / 30 USA

4. FEI Number: 65-0605691 ☐ 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

DELGADO, LUIS E
150 W FLAGLER ST
SUITE 2701
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name: CHARLES M. FERNANDEZ
82 Street Address (P.O. Box Number is Not Acceptable): 3333 W. COMMERCIAL BLVD #105
83
84 City: FT. LAUDERDALE **FL** 85 Zip Code: 33309

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: X Charles M. Fernandez
Signature, typed or printed name of registered agent and title if applicable — Typed or printed name of registered agent (required when filed online) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	DELGADO, LUIS E		1.2 NAME	CHARLES M. FERNANDEZ	
STREET ADDRESS	150 W FLAGLER ST SUITE 2701		1.3 STREET ADDRESS	3333 W COMMERCIAL BLVD #105	
CITY-ST-ZIP	MIAMI FL 33130		1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	700001862597	☐ Change ☐ Addition
NAME			5.2 NAME	-06/14/96--01077--032	
STREET ADDRESS			5.3 STREET ADDRESS	***200.00	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

5/1

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)(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: X Charles M. Fernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96 (954) 733-0707
Date — Daytime Phone #