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 # **P95000072759 (0)**

1. Corporation Name

MIAMI CMA SERVICES CORP.

Principal Place of Business

7525 E TREASURE DRIVE #A10
NORTH BAY VILLAGE FL 33141

Mailing Address

7525 E TREASURE DRIVE #A10
NORTH BAY VILLAGE FL 33141

3. Date Incorporated or Qualified: **09/20/1995**

3a. Date of Last Report:

4. FEI Number: 65-0614765 — 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 is subject to intangible tax under s. 199.032, Florida Statutes: ☒ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

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

9. Name and Address of Current Registered Agent

MENA, CARIDAD E
7525 E TREASURE DRIVE #A10
NORTH BAY VILLAGE FL 33141

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 Section 607.0505, 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. The above named entity submits the following statement: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

DATE

12. CHANGES AND/OR ADDITIONS

TITLE P
NAME CARIDAD E. MENA
STREET ADDRESS 7525 E Treasure Drive A10
CITY-ST-ZIP North Bay Village FL 33141
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[ ] DELETE

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or other organization or business entity pursuant to Section 607.0505, Florida Statutes; and that my name appears in Block 12 or Block 13 hereof as an officer or director of the corporation or other organization or business entity.

SIGNATURE: Caridad Mena
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/96 305-861-6386
DATE TELEPHONE

CR2E084 (12/95)