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NONPROFIT
CORPORATION
ANNUAL REPORT
1998X 1999



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

DOCUMENT # **PA6006011312V**

1. Corporation Name
CDS BUILDING, INC., a Florida corporation

Principal Place of Business
P.O. BOX 440937
Miami, Florida 33144

Mailing Address
P.O. BOX 440937
Miami, Florida 33144

3. Date Incorporated or Qualified
02/02/1996

4. FEI Number
65-0652483

Applied For
Not Applicable

2. Principal Place of Business
21 P.O. Box 440937
Suite, Apt. #, etc.

2a. Mailing Address
25 Same
Suite, Apt. #, etc.

22 City & State
23 Miami, Florida

27 City & State
28

24 Zip 33144
25 Country Miami-Dade

29 Zip
30 Country

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☒ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Lenard H. Gorman
2655 Lejeune Road, Penthouse I-D
Coral Gables, Florida 33134

10. Name and Address of New Registered Agent

81 Name Cesar R. Camacho
82 Street Address (P.O. Box Number is Not Acceptable)
240 East Flagler Street
83
84 City Miami, Florida

FL 85 Zip Code 33131

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

4/22/99

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

CA's

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PS
NAME Curbelo, Mario
STREET ADDRESS P.O. Box 440937
CITY-ST-ZIP Miami, Florida 33144

1.1 TITLE
1.2 NAME ☐ Change ☐ Addition
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME ☐ Change ☐ Addition
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME ☐ Change ☐ Addition
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME ☐ Change ☐ Addition
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME ☐ Change ☐ Addition
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME ☐ Change ☐ Addition
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOTAL P.03

CR2E037 (10/97)