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FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 APR 23 PM 2:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P96000062650 (2)**

1. Corporation Name
CSW ACQUISITION CORP.

Principal Place of Business	Mailing Address
6445 S.W. 107 STREET MIAMI FL 33156	6445 S.W. 107 STREET MIAMI FL 33156-4051

3. Date Incorporated or Qualified: 07/26/1996
3a. Date of Last Report:

2. Principal Place of Business
21 1001 BRICKELL BAY DR
Suite, Apt. #, etc.
22 SUITE 1200
City & State
23 MIAMI, FL
Zip 24 33131 Country 25 USA

2a. Mailing Address
26 1001 BRICKELL BAY DR
Suite, Apt. #, etc.
27 SUITE 1200
City & State
28 MIAMI, FL
Zip 29 33131 Country 30 USA

4. FEI Number: 65-068240 ☐ 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

IGLESIAS, JOANNA
1221 BRICKELL AVENUE
MIAMI FL 33131

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: MWB
Signature of or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PASTERNACK, MARHSALL R		1.2 NAME	30000215246 3--9
STREET ADDRESS	6445 S.W. 107 STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	D,P ☐ Change ☒ Addition
NAME			2.2 NAME	WEISS, BRADLEY S
STREET ADDRESS			2.3 STREET ADDRESS	1001 Brickell Bay Dr Suite 1200
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Miami, FL 33131
TITLE		☐ DELETE	3.1 TITLE	VP, S ☐ Change ☒ Addition
NAME			3.2 NAME	CRAIG, EDWARD B
STREET ADDRESS			3.3 STREET ADDRESS	1001 Brickell Bay Dr Suite 1200
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Miami, FL 33131
TITLE		☐ DELETE	4.1 TITLE	VP ☐ Change ☒ Addition
NAME			4.2 NAME	TESSIER, CYNTHIA A
STREET ADDRESS			4.3 STREET ADDRESS	1001 Brickell Bay Dr Suite 1200
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Miami, FL 33131
TITLE		☐ DELETE	5.1 TITLE	T ☐ Change ☒ Addition
NAME			5.2 NAME	RODRIGUEZ, GUILLERMO
STREET ADDRESS			5.3 STREET ADDRESS	1001 Brickell Bay Dr Suite 1200
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Miami, FL 33131
TITLE		☐ DELETE	6.1 TITLE	VP ☐ Change ☒ Addition
NAME			6.2 NAME	VAN VLIET, MATT
STREET ADDRESS			6.3 STREET ADDRESS	1001 BRICKELL BAY DR SUITE 1200
CITY-ST-ZIP			6.4 CITY-ST-ZIP	MIAMI, FL 33131

CR2E034 (9/96)

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: Bradley S. Weiss 04/16/97 (305) 577-3311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0215157

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TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 340835 4303929

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : ~~$ 165.00~~

ORDER DATE : April 23, 1997

ORDER TIME : 11:26 AM

ORDER NO. : 340835-005

CUSTOMER NO: 4303929

CUSTOMER: Ms. Jazmine Roman
Greenberg Traurig Hoffman
22nd Floor
1221 Brickell Avenue
Miami, FL 33131-3238

ANNUAL REPORT FILING

NAME: CSW ACQUISITION CORP.

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DIVISION OF CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susana Romagosa

EXAMINER'S INITIALS: MWB
4-23-97