FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000086822

Country

CMX ENTERPRISES, INC.

Principal Place of Business 900 WEST OAKLAND PARK WILTON MANORS FL 33311

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

Zip

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

900 WEST OAKLAND PARK WILTON MANORS FL 33311

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90047 037 ***150.00



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

Trust Fund Contribution

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10/21/1996 4. FEI Number

65-0705527

TITLE NAME SOMEZ, MARCELO R 13342 EAST COUNTRY CLUB DRIVE OTV-ST-ZIP TITLE STD GOMEZ, XIMENA AVENTURA FL 33180 TITLE STD GOMEZ, XIMENA A900 NO OCEAN BLVD. TOTTLE TITLE VD NAME GOMEZ, CONNIE A900 NO OCEAN BLVD. TITLE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CALCER STREET ADDRESS CALC	4	25	29	30				Personal Property Tax.		12 169	
GOTTFRIED, PAUL D ESO. 412 SOUTHEAST 23RD STREET FORT LAUDERDALE FL 33316 82 Street Address (P.O. Box Number is Not Acceptable) 83 International 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 authorited by the corporation's board of directors, I hardby accept the appointment as registered office or registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. 82 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Ztp 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 authorited by the corporation's board of directors, I hardby accept the appointment as registered office or registered agent, or both, in the State of Florida Statutes. 12.	. 5	9. Name and Address of Current	Registered Agent		L			Name and Address of New Re	gistered A	gent	
### SUTHERST 23RD STREET FORT LAUDERDALE FL 33316 ### STREET ADDRESS ### SUTHER SQUARES ### SQUARES ### SUTHER SQUARES ### SUTHER SQUARES ### SQUARES ### SUTHER SQUARES ### SQUARES ### SQUARES ### SUTHER SQUARES ### SUTHER SQUARES ### SQUARES ### SUTHER SQUARES ### SQUARES ### SQUARES ### SQUARES ### SUTHER SQUARES ### SQUARES ### SQUARES ### SUTHER SQUARES ### SQUARES ### SQUARES ### SUTHER SQUARES ### SQUARE					81	Name					
412 SOUTHEAST 23RD STREET FORT LAUDERDALE FL 33316 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. Such change sees authorized to the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florids Statutes. SIGNATURE Signature, typed or printed same of registered agent and till it is appointment as registered agent, and accept the obligations of, Section 607.0505, Florids Statutes. (NOTE: Registered Agent age						Street A	Adress	(P.O. Box Number is Not Acceptab	le)		
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 agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby eccept the appointment as registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby eccept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607 0505, Florida Statutes. SIGNATURE 1	412 SOUTHEAST 23RD STREET					Stieet	Addiess .	(t.O. DOX HUMBER IS NOT HOODERS			
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 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 Signature, Oped or pretent name of registered agent and title if applicable. (INCTE: Registered Agent agent are required when reinstating) 12. OFFICERS AND DIRECTORS 1 13. OFFICERS AND DIRECTORS IN 12. TITLE PD	FOR	T LAUDERDALE FL 33316			83						
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 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 Signature, Oped or pretent name of registered agent and title if applicable. (INCTE: Registered Agent agent are required when reinstating) 12. OFFICERS AND DIRECTORS 1 13. OFFICERS AND DIRECTORS IN 12. TITLE PD		·								05 70	n Codo
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 Statutors, Tondard Statutors, I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutors, I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutors, I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutors, I hereby accept the appointment as registered of directors, I hereby accept the appointment as registered of directors, I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutors, I hereby accept the appointment as registered agent. I am familiar with a population of directors, I hereby accept the appointment as registered and directors, I hereby accept the appointment as registered and directors. I hereby accept the appointment as registered and directors, I hereby accept the appointment as registered and directors. I hereby accept the appointment as registered and directors. I hereby accept the appointment as registered and directors. I hereby accept the appointment as registered and directors. I have a complete the appointment as registered and directors. I have a complete and directors. I have a complete and directors. I have a complete and directors. I hereby accept the appointment as registered and directors. I have a complete and directors. I have a compl		,			84	City			FL	85 21	p Code
Agent. I am familiar with, and accept the obligations of, Section 607.05U5, Florina Statutes. SIGNATURE Description Date	office or re	egistered agent, or both, in the State 01	Florida, Such chanc	ie was authorized	ז עם כ	-named c	corporati ration's	on submits this statement for the p board of directors, I hereby accept	urpose of o	hanging itment as	its registered registered
Signature report or printed rame of registered agent and time if applicables. Notice, Registered Applica	agent. I ai	m familiar with, and accept the obligation	ns of, Section 607.0	505, Florida Stat	utes.						
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.1 TITLE PD	SIGNATURE			AVOTE DI SISTEMA			and and subsect	n valuetating)	DATE		
TITLE PD DELETE 1.1 TITLE Change Addition Addition DELETE DEL					Agent	signature rec	quirea whe			DIRECT	TORS IN 12
NAME STREET ADDRESS 19342 EAST COUNTRY CLUB DRIVE CITY-ST-ZIP AVENTURA FL 33180 DELETE GOMEZ, XIMENA 4900 NO OCEAN BLVD. CITY-ST-ZIP FORT LAUDERDALE FL TITLE VD GOMEZ, CONNIE GOMEZ, XIMENA 22 STREET ADDRESS A900 NO OCEAN BLVD. CITY-ST-ZIP FORT LAUDERDALE FL DELETE 3.1 TITLE 3.2 NAME 3.2 STREET ADDRESS 4900 NO OCEAN BLVD. CITY-ST-ZIP FORT LAUDERDALE FL DELETE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP TITLE NAME 5.5 STREET ADDRESS 5.5 CITY-ST-ZIP TITLE NAME 5.5 STREET ADDRESS 5.5 CITY-ST-ZIP TITLE TITL	" T				TI E			·	<u> </u>		
STREET ADDRESS 19342 EAST COUNTRY CLUB DRIVE AVENTURA FL 33180 DELETE STD DELETE STTD DELETE DELETE	i	, • -	U DE								_
AVENTURA FL 33180 AVENTURA FL 33180			DN C								
TITLE STD NAME GOMEZ, XIMENA STREET ADDRESS 4900 NO OCEAN BLVD. FORT LAUDERDALE FL TITLE VD GOMEZ, CONNIE STREET ADDRESS 4900 NO OCEAN BLVD. GOMEZ, CONNIE STREET ADDRESS 54 CITY-ST-ZIP TITLE NAME STREET ADDRESS 64 CITY-ST-ZIP TITLE NAME STREET ADDRESS 65 A CITY-ST-ZIP NAME STREET ADDRESS 65 A CITY-ST-ZIP TITLE NAME STREET ADDRESS 65 A CITY-ST-ZIP NAME STREET ADDRESS 65 A CITY-ST-ZIP TITLE NAME	STREET ADDRESS		HIVE			į					
NAME GOMEZ, XIMENA 4900 NO OCEAN BLVD. CITY-ST-ZIP TITLE VD GOMEZ, CONNIE 4900 NO OCEAN BLVD. CITY-ST-ZIP TITLE VD GOMEZ, CONNIE 4900 NO OCEAN BLVD. GOMEZ CONNIE 4900 NO OCEAN BLVD. GOMEZ CONNIE 4900 NO OCEAN BLVD. GOMEZ CONNIE 4000 NO OCEAN BLVD. GOMEZ CONNIE 4000 NO OCEAN BLVD. GOMEZ CONNIE 4000 NO OCEAN BLVD. GOMEZ CONNIE Addition Change Chang	CITY-ST-ZIP		·			-ZIP				Chann	e
CITY-ST-ZIP FORT LAUDERDALE FL VD NAME GOMEZ, CONNIE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET AD	mile	,					احم	Vianna		Chang	
CITY-ST-ZIP FORT LAUDERDALE FL TITLE VD NAME GOMEZ, CONNIE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS SA CITY-ST-ZIP TITLE NAME STREET ADDRESS SA CITY-ST-ZIP TITLE DELETE STREET ADDRESS SA CITY-ST-ZIP SA CITY-ST-ZIP STREET ADDRESS SA CITY-ST-ZIP SA CITY-ST-ZIP SA CITY-ST-ZIP STREET ADDRESS SA CITY-ST-ZIP SA	NAME .			2.2 N	AME		Con	ues Villa by	1.		
TITLE VD DELETE 3.1 TITLE 3.2 NAME 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS 4900 NO OCEAN BLVD. 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP TITLE 1.2 DELETE 4.1 TITLE 1.2 NAME 4.2 NAME 4.2 NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP TITLE 1.3 TITLE 1.4 DELETE 5.1 TITLE 1.5 NAME 5.2 NAME 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS 6.4 CITY-ST-ZIP 1.5 STREET ADDRESS 6.5 STREET AD	STREET ADDRESS	4900 NO OCEAN BLVD.		2.3 S	TREET	ADDRESS	934	so cheista mic i	~~/ ~	./	
CITY-ST-ZIP FORT LAUDERDALE FL	CITY-ST-ZIP	FORT LAUDERDALE FL			TY-51	r-ZIP	121	antation, +L 3	<u>යන</u>	7	
CITY-ST-ZIP FORT LAUDERDALE FL	TITLE	, VD	□ DE	LETE 3.1 TI	TLE	İ	A++	A .,		Chang	e Madition
STREET ADDRESS STRE	NAME -	GOMEZ, CONNIE		3.2 N	AME	- (Come	2. CADIC 1/2	Kana	2	
CITY-ST-ZIP FORT LAUDERDALE FL	STREET ADORESS	4900 NO OCEAN BLVD.		3.3 \$	TREET	ADDRE\$S		1,000	الإزاجات	2 1	
NAME	CITY-ST-ZIP	FORT LAUDERDALE FL		3.4. 0	:ITY-81	r-ZIP					
### ### ##############################	TITLE	<u> </u>	□ DE	LETE 4.1 T	ITLE	ŀ				[] Chang	e L Addition
Addition	NAME			4.21	IAME	1					
DELETE S.1 TITLE	STREET ADDRESS			4.3 S	TREET	ADDRESS					
DELETE	CITY-ST-ZIP	_		4.4 C	ITY-ST	-ZIP					
STREET ADDRESS			☐ DE	LETE 5.1 T	mle _					Chang	e Addition
	NAME			5.2 N	AME	}		•			
	STREET ADDRESS			5.3 S	TREET	ADDRESS					
DELETE 6.1 ITILE				5.4 C	ITY-ST	-ZIP					
NAME:			□ D€	LETE 6.1 T	TLE					Chang	e Addition
6 2 CTRECT ANDRESS	NAME			6.2 N	AME						
STREE TADDRESS	STREET ADDRESS			6.3 S	TREET	ADDRESS					
6.4 CITY- ST-7IP	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	44 I horoby	certify that the information supplied with	this filing does not o	ualify for the exe	emptio	on stated	in Secti	ion 119.07(3)(i), Fiorida Statutes. I	further cert	ify that th	e information

Country

SIGNATURE: LANGALENGO QUIRED

423-99

954-561-005 7 Daytime Phone #

5034 (11/98)