


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

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90041 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harrits Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000073064

1. Corporation Name
CDM HOLDINGS, INC.



Principal Place of Business 500 S. AUSTRALIAN AVE., 10TH FL. WEST PALM BEACH FL 33401	Mailing Address 500 S. AUSTRALIAN AVE., 10TH FL. WEST PALM BEACH FL 33401
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 712 US Highway One Suite, Apt. #, etc. 22 Suite 400 City & State 23 North Palm Beach FL Zip Country 24 33408 USA		2a. Mailing Address 26 712 US Highway One Suite, Apt. #, etc. 27 Suite 400 City & State 28 North Palm Beach FL Zip Country 29 33408 30 33408		3. Date Incorporated or Qualified 08/21/1997	
		4. FEI Number 65-0780485		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent WOLMER, BRENT G 500 S. AUSTRALIAN AVE., 10TH FL. WEST PALM BEACH FL 33401		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 712 U.S. Highway One 83 Suite 400 84 City North Palm Beach FL 85 Zip Code 33408	
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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

Signature, typed 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	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GINSBURG, DANIEL	1.2 NAME	
STREET ADDRESS	3 HARMONY LANE	1.3 STREET ADDRESS	Le Chalet
CITY-ST-ZIP	HOBE SOUND FL 33455	1.4 CITY-ST-ZIP	51500 Chigny-Les-Roses France
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OHMIT, TERESA	2.2 NAME	
STREET ADDRESS	3 HARMONY LANE	2.3 STREET ADDRESS	Le Chalet
CITY-ST-ZIP	HOBE SOUND FL 33455	2.4 CITY-ST-ZIP	51500 Chigny-Les-Roses France
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLMER, BRENT G.	3.2 NAME	
STREET ADDRESS	500 S. AUSTRALIAN AVE., 10TH FLOOR	3.3 STREET ADDRESS	712 US Highway One, Suite 400
CITY-ST-ZIP	WEST PALM BEACH FL 33401	3.4 CITY-ST-ZIP	North Palm Beach FL 33408
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wolmer

3/15/99

Date

561/844-3600

Daytime Phone #

CR2E034 (4/1/98)

0321218