

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **S20070** (6)
1. Corporation Name
CIC GROUP INC.

Principal Place of Business Mailing Address
**888 BRICKELL AVE.
6TH FLOOR
MIAMI FL 33131
US**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

3. Date Incorporated or Qualified **12/19/1990** 3a. Date of Last Report **05/01/1995**
4. FEI Number **65-0236357** 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
**CIC ADMINISTRATIVE SERVICES, INC.
888 BRICKELL AVE.
5TH FLOOR
MIAMI FL 33131**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 of person making change, or Secretary of State, if change is made by the Secretary of State)
DATE _____ (Date of Signature)

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE ☐ DELETE 1.1 TITLE ☐ Change ☐ Addition
NAME 1.2 NAME
STREET ADDRESS 1.3 STREET ADDRESS
CITY-STATE-ZIP 1.4 CITY-STATE-ZIP
2.1 TITLE ☐ Change ☐ Addition
NAME 2.2 NAME
STREET ADDRESS 2.3 STREET ADDRESS
CITY-STATE-ZIP 2.4 CITY-STATE-ZIP
3.1 TITLE ☐ Change ☐ Addition
NAME 3.2 NAME
STREET ADDRESS 3.3 STREET ADDRESS
CITY-STATE-ZIP 3.4 CITY-STATE-ZIP
4.1 TITLE ☐ Change ☐ Addition
NAME 4.2 NAME
STREET ADDRESS 4.3 STREET ADDRESS
CITY-STATE-ZIP 4.4 CITY-STATE-ZIP
5.1 TITLE ☐ Change ☐ Addition
NAME 5.2 NAME
STREET ADDRESS 5.3 STREET ADDRESS
CITY-STATE-ZIP 5.4 CITY-STATE-ZIP
6.1 TITLE ☐ Change ☐ Addition
NAME 6.2 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY-STATE-ZIP 6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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: *William A. Herrera* 4/29/96 (305) 377-0369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)