

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

PROFIT  
CORPORATION  
• ANNUAL REPORT  
1996



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

DOCUMENT # **S22400** (3)

1. Corporation Name

**CGMN FLORIDA INVESTMENT, INC.**



Principal Place of Business

**2206 HOLLYWOOD BLVD  
HOLLYWOOD FL 33020**

Mailing Address

**2206 HOLLYWOOD BLVD  
HOLLYWOOD FL 33020**

3. Date Incorporated or Qualified

**12/28/1990**

3a. Date of Last Report

**04/24/1995**

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

**65-0252060**

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**MANELLA, ROSS  
2206 HOLLYWOOD BLVD.  
LAUDERHILL FL 33020**

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

Signature typed or printed name of registered agent, if not the same as above

by the Registered Agent (Signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
ALLARD, GILLES  
17878 N BAY RD #404  
N MIAMI FL**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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13.

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

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

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

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

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

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

☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Gilles Allard*  
**GILLES ALLARD**

*4/29/96*  
**4/29/96**

*305 9253355*  
**305 9253355**

CR2E034 (12/95)