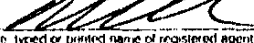


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				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		Mailing Address			
2. Principal Place of Business 21 2500 Hollywood Blvd. Suite, Apt. #, etc. 22 Suite 212 City & State 23 Hollywood, Fl. Zip 24 33020		2a. Mailing Address 26 2500 Hollywood Blvd. Suite, Apt. #, etc. 27 Suite 212 City & State 28 Hollywood, Fl. Zip 29 33020		3. Date Incorporated or Qualified 12/28/1990 3a. Date of Last Report 04/29/1996 4. FEI Number 65-0252060 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Suite #212 84 City Hollywood, FL 85 Zip Code 33020			81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Suite #212 84 City Hollywood, FL 85 Zip Code 33020		
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 		ROSS H. MANELLA 4/25/1997			
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		
11 TITLE NAME STREET ADDRESS CITY-ST- ZIP D ALLARD, GILLES 17878 N. BAY ROD. #404 N. MIAMI, FL.			11 TITLE NAME STREET ADDRESS CITY-ST- ZIP PST ALLARD, GILLES 2500 HOLLYWOOD BLVD. SUITE #212 HOLLYWOOD, FL. 33020		
12 TITLE NAME STREET ADDRESS CITY-ST- ZIP 13 TITLE NAME STREET ADDRESS CITY-ST- ZIP 14 TITLE NAME STREET ADDRESS CITY-ST- ZIP 15 TITLE NAME STREET ADDRESS CITY-ST- ZIP 16 TITLE NAME STREET ADDRESS CITY-ST- ZIP 17 TITLE NAME STREET ADDRESS CITY-ST- ZIP 18 TITLE NAME STREET ADDRESS CITY-ST- ZIP 19 TITLE NAME STREET ADDRESS CITY-ST- ZIP 20 TITLE NAME STREET ADDRESS CITY-ST- ZIP			21 TITLE NAME STREET ADDRESS CITY-ST- ZIP 22 TITLE NAME STREET ADDRESS CITY-ST- ZIP 23 TITLE NAME STREET ADDRESS CITY-ST- ZIP 24 TITLE NAME STREET ADDRESS CITY-ST- ZIP 25 TITLE NAME STREET ADDRESS CITY-ST- ZIP 26 TITLE NAME STREET ADDRESS CITY-ST- ZIP 27 TITLE NAME STREET ADDRESS CITY-ST- ZIP 28 TITLE NAME STREET ADDRESS CITY-ST- ZIP 29 TITLE NAME STREET ADDRESS CITY-ST- ZIP 30 TITLE NAME STREET ADDRESS CITY-ST- ZIP		
000002168910 -05/07/97--01006--039 ***165.00			000002168910 -05/07/97--01006--039 ***165.00		
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: 		4/25/97 (954) 9253355			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			
GILLES ALLARD					

CR2E034 (9/96)