FILE NOW: FILING FEE AFTER MAY 1 IS $2[illegible]5.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT [illegible] STATE
Sandra B. Mort[illegible]
Secretary of St[illegible]
DIVISION OF CORPO[illegible]TIONS

DOCUMENT # **S47295** **(8)**

1. Corporation Name

C.L.D.A., INC.

Principal Place of Business	Mailing Address
3225 AVIATION AVE. SUITE 301 COCONUT GROVE FL 33133	3225 AVIATION AVE. SUITE 301 COCONUT GROVE FL 33133

3. Date Incorporated or Qualified: **04/22/1991**
3a. Date of Last Report: **06/20/1995**

2. Principal Place of Business	2a. Mailing Address
21 80 S.W. 8 St.	26 80 S.W. 8 St.
22 Suite 2804	27 Suite 2804.
23 Miami FL	28 Miami, FL
24 Zip 33130 25 Country	29 Zip 33130. 30 Country

4. FEI Number: **65-0264754** ☐ 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	10. Name and Address of New Registered Agent
~~JOHNS, LYNN P~~ ~~224 DATURA ST~~ ~~SUITE 400~~ ~~W PALM BCH FL 33401~~ 4100 S. Dixie Hwy. Suite C West Palm Beach FL 33405	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: _____ DATE _____
Signature, typed or printed name of Registered Agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	LOVE, CHRISTOPHER MORRIS		1.2 NAME	
STREET ADDRESS	3225 AVIATION AVE., #301		1.3 STREET ADDRESS	80 S.W. 8 St. Suite 2804
CITY-ST-ZIP	COCONUT GROVE FL		1.4 CITY-ST-ZIP	Miami, FL 33130
TITLE	V	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	LOVE, CHRISTOPHER SCOTT		2.2 NAME	
STREET ADDRESS	3225 AVIATION AVE, #301		2.3 STREET ADDRESS	80 S.W. 8 St. Suite 2804
CITY-ST-ZIP	COCONUT GROVE FL		2.4 CITY-ST-ZIP	Miami, FL 33130
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is [illegible] voluntarily furnished and [illegible] 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 [illegible] 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 [illegible] execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: _____ 5.15.96.
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT[illegible] Date Daytime Phone #

CR2E034 (12/95)