

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 6:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 564182

1. Corporation Name
CSMC International Boulevard Inc.

Principal Place of Business
**3250 Mary St.
Suite 501
Miami, FL 33133**

Mailing Address *no TCC*
**3250 Mary St.
Suite 501
Miami, FL 33133**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/01/1991** 3a. Date of Last Report **4/25/94**

4. FEI Number **65-0288975** 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

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip Country
24. * 25.

2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip Country
29. 30.

9. Name and Address of Current Registered Agent
**Peltz, Arvin
3250 Mary St
Suite 501
Miami, FL 33133**

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 _____ (Date) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D/C Weiser, Sherwood M. 3250 Mary St. S-500 Miami, FL 33133	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	P ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	R/P/A Befton, Donald E. 3250 Mary St. S-500 Miami, FL 33133	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	DAS ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	V/A/S Sibley, Peter L. 3250 Mary St. S-500 Miami, FL 33133	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	S/T/V Temling, W. Peter 3250 Mary St. S-500 Miami, FL 33133	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	V/A/S Hewitt, Thomas A. 3250 Mary St. S-500 Miami, FL 33133	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	☐ Change ☐ Addition

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)(k), 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 1807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *W. Peter Temling* **VICE PRES.** **4-27-95 (305) 445-2493**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
W. PETER TEMLING