FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 PM 2:39

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # S73383 (9)

1. Corporation Name

C.S. COMPANIES, INC.

Principal Place of Business: 8725 N.W. 18TH TERRACE #200 MIAMI FL 33172

Mailing Address: 8725 N.W. 18TH TERRACE #200 MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	08/15/1991
3a. Date of Last Report	05/01/1994
4. FEI Number	65-0280498
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

	Principal Place of Business	Mailing Address
Street	13420 S.W. 128 Street	13420 S.W. 128 Street
Suite, Apt. # etc.		
City & State	Miami, Florida	Miami, FL
Zip / County	33186 / DADE	33186 / DADE

9. Name and Address of Current Registered Agent

LEE, THOMAS G.
11955 W. DIXIE HWY
MIAMI FL 33161

10. Name and Address of New Registered Agent

Name: LEONARD LEVI GARDNER, ESQ.
Street Address (P.O. Box Number is Not Acceptable): 13420 S.W. 128 ST.
City: Miami FL Zip Code: 33186

11. Pursuant to the provisions of Sections 607.0502 or 617.0502, 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 4/20/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMITH, CHARLES
STREET ADDRESS	8725 N.W. 18TH TERR. 200
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS LIST

TITLE	President	[X] Change [ ] Addition
NAME	Smith, Charles	
STREET ADDRESS	13420 SW 128 ST.	
CITY-ST-ZIP	Miami, Fl 33186	

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)(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: 4-07-95 305-255-6940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0186299 CP