

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 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S99402** (7)

1. Corporation Name
CSI MIAMI, INC.

Principal Place of Business Mailing Address
**400 ARTHUR GROFFREY RD.
SUITE 504
MIAMI FL 33140
US** **515 E. LAS OLAS BLVD.
SUITE 1600
FORT LAUDERDALE FL 33301
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/11/1991** 3a. Date of Last Report **04/27/1994**
4. FEI Number **65-0307421** 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 2a. Mailing Address
21 26
22 Suits, Apt. #, etc. 27 Suits, Apt. #, etc.
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BEILLY, BRADFORD J.
790 E. BROWARD BLVD.
SUITE 200
FT. LAUDERDALE FL 33301**

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 registering)

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DP	REITER, WILLIAM M. 515 E. LAS OLAS BLVD. FT. LAUDERDALE FL	1.2 NAME	
DS	REITER, MARVIN L. 515 E. LAS OLAS BLVD. FT. LAUDERDALE FL	1.3 STREET ADDRESS	
DV	CHMOCH, PAUL J. 515 E. LAS OLAS BLVD. FT. LAUDERDALE FL	1.4 CITY - ST - ZIP	
DVT	KIRCHENBAUM, DAVID W. 515 E. LAS OLAS BLVD. FT. LAUDERDALE FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	000001484130
		3.1 TITLE	-05/11/95--01058--001
		3.2 NAME	***1808.75
		3.3 STREET ADDRESS	208.75
		3.4 CITY - ST - ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

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 110.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Paul J. Chmoch* **4-21-95** **766-2556**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone