

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

FILED  
Aug 13 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 # S99402 (7)  
1. Corporation Name  
CSI MIAMI, INC.



Principal Place of Business  
400 ARTHUR GROFFREY RD.  
SUITE 804  
MIAMI FL 33140  
US

Mailing Address  
515 E. LAS OLAS BLVD.  
SUITE 1600  
FORT LAUDERDALE FL 33301-2268  
US

3. Date Incorporated or Qualified  
12/11/1991

3a. Date of Last Report  
08/07/1996

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  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	REITER, WILLIAM M.	
STREET ADDRESS	515 E. LAS OLAS BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	BEILLY, BRADFORD J	
STREET ADDRESS	515 E. LAS OLAS BOULEVARD, SUITE 1600	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CIMOCH, PAUL J	
STREET ADDRESS	515 E. LAS OLAS BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KAHN, W. DOUGLAS	
STREET ADDRESS	515 E. LAS OLAS BOULEVARD	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
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	

000002267890  
-08/15/97--01004--001  
\*\*\*6126-25

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

CR2E034 (9/96)