

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

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Carole B. McArthur  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

**DOCUMENT # V14826**

**(4)**

1. Corporation Name

**C.N.A. INC.**

Principal Place of Business

**18326 NW 68TH AVE.  
STE 15L  
MIAMI FL 33015**

Mailing Address

**18326 NW 68TH AVE.  
STE 15L  
MIAMI FL 33015**

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                               |                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>02/17/1992</b>                                                                                                        | 3a. Date of Last Report<br><b>08/18/1994</b>           |
| 4. FEI Number<br><b>65-0335905</b>                                                                                                                            | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                     | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                            | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability to interplead the under S. 199.032<br>Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

|                                |                      |
|--------------------------------|----------------------|
| 2. Principal Place of Business | 2a. Mailing Address  |
| 21. State Apt # or b           | 26. State Apt # or b |
| 22. City & State               | 27. City & State     |
| 23. Zip                        | 28. Zip              |
| 24. Country                    | 29. Country          |
| 25. Country                    | 30. Country          |

9. Name and Address of Current Registered Agent

**DANIELS, B.J.  
300 71ST ST.  
SUITE 625  
MIAMI BEACH FL 33141**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 625.01 and 625.02, Florida Statutes, the above named corporation hereby certifies that the information furnished herein is true and correct, and that the corporation is in compliance with the provisions of Sections 625.01 and 625.02, Florida Statutes, and that the corporation is in compliance with the provisions of Sections 625.01 and 625.02, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

|                |                                  |
|----------------|----------------------------------|
| NAME           | <b>D IVENS, MARGUN</b>           |
| STREET ADDRESS | <b>6965 HARDING AVE.</b>         |
| CITY & STATE   | <b>MIAMI BEACH FL</b>            |
| NAME           | <b>D IVENS, CHRISTIAN</b>        |
| STREET ADDRESS | <b>18326 N.W. 68TH AVE. #15L</b> |
| CITY & STATE   | <b>MIAMI FL 33015</b>            |
| NAME           |                                  |
| STREET ADDRESS |                                  |
| CITY & STATE   |                                  |
| NAME           |                                  |
| STREET ADDRESS |                                  |
| CITY & STATE   |                                  |
| NAME           |                                  |
| STREET ADDRESS |                                  |
| CITY & STATE   |                                  |

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IF ANY

|                |                                                                   |
|----------------|-------------------------------------------------------------------|
| NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |                                                                   |
| CITY & STATE   |                                                                   |
| NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |                                                                   |
| CITY & STATE   |                                                                   |
| NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |                                                                   |
| CITY & STATE   |                                                                   |
| NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |                                                                   |
| CITY & STATE   |                                                                   |
| NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |                                                                   |
| CITY & STATE   |                                                                   |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, 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. I am an officer or director of the corporation or the receiver or transferee of the corporation or the person who is required to execute this report as required by Chapter 625, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or on an attachment with an address.

**SIGNATURE:**

*Christian Ivens*

**CHRISTIAN IVENS, PRES**

**4/30/95 305-775-0641**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1995 Form 1