

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 13 PH 2:19

DOCUMENT # V16887 (4)
1. Corporation Name
CIT CORPORATION

Principal Place of Business Mailing Address
**4156 BAY LAUREL WAY 4156 BAY LAUREL WAY
BOCA RATON FL BOCA RATON FL**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		02/26/1992	04/26/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		65-0319555	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28			
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30		
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes.				Yes ☐ No ☒	

9. Name and Address of Current Registered Agent

**CAJIAO, GUSTAVO
4156 BAY LAUREL WAY
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

81	Name	SAME
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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	☐ Change ☐ Addition
NAME	CAJIAO, MARIA ELISA	1.2 NAME	
STREET ADDRESS	4156 BAY LAUREL WAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	CAJIAO, VIVIAN ANDREA	2.2 NAME	
STREET ADDRESS	4156 BAY LAUREL WAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	2.4 CITY - ST - ZIP	
TITLE	P	3.1 TITLE	☐ Change ☐ Addition
NAME	CAJIAO, GUSTAVO	3.2 NAME	
STREET ADDRESS	4156 BAY LAUREL WAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33487	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	CAJIAO, GUSTAVO J	4.2 NAME	
STREET ADDRESS	4156 BAY LAUREL WAY	4.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 8, 1995 9942854