

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

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Apr 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V28561**(1)**

1. Corporation Name:

CSMC OF PUERTO RICO, INC.

Principal Place of Business 3250 MARY STREET 500 MIAMI FL 33133 US	Mailing Address 3250 MARY STREET 500 MIAMI FL 33133-5232 US
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3. Date Incorporated or Qualified 04/06/1992	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

4. FEI Number 65-0332303	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent	
PELTZ, ARVIN 3250 MARY STREET STE 500 MIAMI FL 33133	

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P
STREET ADDRESS	WEISER, SHERWOOD
CITY-ST-ZIP	3250 MARY ST., STE 500
	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	DAS
STREET ADDRESS	LEFTON, DONALD E.
CITY-ST-ZIP	3250 MARY ST., STE 500
	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	VST
STREET ADDRESS	TEMLING, PETER W
CITY-ST-ZIP	3250 MARY ST., STE 500
	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	VAS
STREET ADDRESS	HEWITT, THOMAS F.
CITY-ST-ZIP	3250 MARY ST., STE 500
	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	VAS
STREET ADDRESS	SIBLEY, PETER L.
CITY-ST-ZIP	3250 MARY ST., STE 500
	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	D
STREET ADDRESS	STORGES, ROBERT B.
CITY-ST-ZIP	3250 MARY STREET, SUITE 500
	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" 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 checked="" 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 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:

W. Peter Temling
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **W. Peter Temling** 3/5/97

(305)445-2493

CF2E034 (9/96)