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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

(1)

DOCUMENT # V3482 CSMC OF RHODE ISLAND, INC.

, ,

FILED
May 15 1998 8:00am
Secretary of State

CSMC	OF RHODE ISLAND, INC.					
Principal Place of Business Mailing Address						DA BURUL KARA BURUL BURUL 1841
3250 MARY STREET 5TH FLOOR MIAMI FL 33133		3250 MARY STREET STH FLOOR MIAMI FL 33133		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2n. Mailing Address			<b>05/08/1992</b> 4. FEI Number	Applied For
21		26		65-0346225	Applied For Not Applicable	
Suite, Apt. #, etc		Suito, Apt. #, etc.				\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	<b>\$5.00</b> May Be
Zip	Country Zip Country			Trust Fund Contribution	Added to Fees	
24	25	29	30	,	<ol> <li>This corporation owes or has paid the creation of the personal Property Tax due June 30.</li> </ol>	urrent year Intangible
	g. Name and Address of Curren	. h	1301		10. Name and Address of New Registered	
WE	ISER, SHERWOOD M.		81	Namo		
3250 MARY STREET						Towards to be a second
STE500			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
1	WI FL 33133		63	<del> </del> -		
""-	12 00 100					
			84	City	FI	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 regional of provisions of sections of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.						of changing its registered pointment as registered
SIGNATURE						
12.	Signature typind or printed ratios of registerest age OFFICERS ANI			eni signalure requi	red when reinstating) DATE	
TITLE	DCP	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	WEISER, SHERWOOD M.	23 544 11	1.2 NAME			C Change C Modified
STREET ADDRESS	3250 MARY ST., STE 500		1 3 STREET ADDRESS			
CITY-ST-ZIP	LALLAL FI		14 CITY-5			
TITLE	DAS	DELETE	21 TITLE	,, .,		Change Addition
NAME	WEISER, JUDITH		22 NAME			
STREET ADDRESS	DOTO MADY OF OUR FAA		2 3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL		2 4 City-	ST-ZIP		
TITLE	DAS DELETE 317		3 1 TITLE			☐ Change ☐ Addition
NAME	LEFTON, DONALD E.		3.2 NAME			
STREET ADDRESS	3250 MARY ST. STE 500		3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			ST-ZIP		
TITLE	D	DELFTE	4.1 TITLE			☐ Change ☐ Addition
NAME	FISHER, ROBYN C.		4.2 NAME			
STREET ADDRESS	3250 MARY STREET		4.3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL	T Druces	4.4 CITY - S	11 - ZIP		
TITLE	VST	☐ DELETE	51 TITLE			Change Addition
NAME STOLET ADDDESS	TEMLING, W. PETER		5.2 NAME	1000100		
STREET ADDRESS	3250 MARY ST., STE 500 MIAMI FL		5 3 STHEET			
CITY-ST-ZIP TITLE	VAS	DELETE	5.4 CITY-S 6.1 TITLE	I - ZIP		Change Addition
NAME .	HEWITT, THOMAS F.	[ ] Office				L CHANGE LANGUIGH
STREET ADDRESS	3250 MARY ST., STE 500		6.2 NAME	ADDRESS		1
	MIAMI FL		6 3 STREET			
CITY-\$T-ZIP	INWWITE.	, . <del></del>	64 CITY - S	I-ZIP		

4. Thereby certify that the information supplied with this filling 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 suppliemental 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

VI 1 2 /00 10 00

PETER TEMINO US 100 305-4115-2119