


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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90007 046 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000060098

1. Corporation Name
C C 1, INC.



Principal Place of Business 3201 N.W. 72ND AVENUE MIAMI FL 33122	Mailing Address 3201 N.W. 72ND AVENUE MIAMI FL 33122
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/03/1995
21 - Suite, Apt. #, etc.	26 - Suite, Apt. #, etc.	4. FEI Number 65-0600249
22 - City & State	27 - City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 - Zip	28 - Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 - Country	29 - Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

MURAI, WALD BIONDO & MORENO. P.A.
900 INGRAHAM BLDG.
25 S.E. 2ND AVENUE
MIAMI FL 33131

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DEL LA CRUZ, ALBERTO	
STREET ADDRESS	3201 N.W. 72ND AVE.	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEL LA CRUZ, CARLOS SR.	
STREET ADDRESS	3201 N.W. 72ND AVE.	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	CFO	<input checked="" type="checkbox"/> DELETE
NAME	DE MOLINA, RAMIRO G.	
STREET ADDRESS	3201 NW 72 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPGC	<input type="checkbox"/> DELETE
NAME	KADRE, MANUEL	
STREET ADDRESS	3201 NW 72 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	COO	<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	COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROGELIO A. TOVAR	
1.3 STREET ADDRESS	3201 N.W. 72 AVE.	
1.4 CITY-ST-ZIP	Miami, FL 33122	
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		

14. I 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, with all other like empowered.

SIGNATURE: MICHAEL KADRE **REQUIRED** 4/27/99 (305) 599-2337
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)