

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

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90032 031 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000076032

1. Corporation Name
C B GARCIA HOLDINGS, INC.



Principal Place of Business
**160 NW 127TH AVE.
 MIAMI FL 33182**

Mailing Address
**160 NW 127TH AVE.
 MIAMI FL 33182**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/01/1997

4. FEI Number
NOT APPLICABLE

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent
**GARCIA, CONRADO
 160 NW 127TH AVE.
 MIAMI FL 33182**

10. Name and Address of New Registered Agent
 81 Name
 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D GARCIA, CONRADO	1.2 NAME	ANGELA M. GARCIA
STREET ADDRESS	160 NW 127TH AVE.	1.3 STREET ADDRESS	160 N.W. 127TH AVE
CITY-ST-ZIP	MIAMI FL 33182	1.4 CITY-ST-ZIP	MIAMI FL 33182
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	CONRAD GARCIA, JR.
STREET ADDRESS		2.3 STREET ADDRESS	7488 SILVERWOODS CT.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	ANGEL M. GARCIA, MID.
STREET ADDRESS		3.3 STREET ADDRESS	23399 SERENE MIA LINDA DR.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	BOCA RATON FL 33428
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	SYLVIA GARCIA BELLEITH
STREET ADDRESS		4.3 STREET ADDRESS	6535 F PARKVIEW DR.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	NICHOLAS CONRAD BELLEITH
STREET ADDRESS		5.3 STREET ADDRESS	6535 F PARKVIEW DR.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	TIM C. GARCIA
STREET ADDRESS		6.3 STREET ADDRESS	7488 SILVERWOODS CT.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	BOCA RATON FL 33433

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: _____ DATE: **2/29/99** (305) 223-5599
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/98)