PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

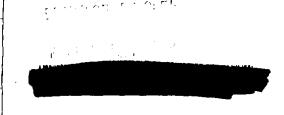
Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000002113

C.B. RED ROAD, INC.

Principal Place of Bus	iness	Malling Address	
2901 S.W. BTH STREET MIAME FL 3313S	STE. 204	2901 S.W. BTH STREET SI MIAMI FL 33135	TE 201
İ			



DO NOT WRITE IN THIS SPACE

î												
1							3. Date Incorporated or Qualified					
ì)	01/09/1998				
2.	Principal Place of Business	20	. Mailing Address		_		4.	FEI Mumber		Τ	Applied For	
21		28					L	65-0804023	٠		Not Applicable	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.				5.	Certificate of Status Desired	\$		5 Additional Required	
23	City & State	28	City & State				6.	Election Campaign Financing Trust Fund Contribution			00 May Be led to Fees	
	Zip Country		Zip	Cour	ılıy	,	8.	This corporation owes the current year I	nlangit	ie		
24	25	29		30				Personal Property Tax.	ıÖ۱	res	□No	
	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent							
MARTIN, PEDRO A					81	Name						
1221 BRICKELL AVENUE			Ī	82	Street Address (P.O. Box Number is Not Acceptable)							
MIAMI FL 33131				83								
				ſ	84	City		F	L 85	Z	p 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 site if applicable	(NOTE: Re	gistered Agent signature red	sulrad when resistating)	DA7E :	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTO	DRS IN 12
TITLE	0	DELETE	1.1 TITLE		Change	Addition
NAME	CAYON, MAURICIO		12 NAME			
STREET ADDRESS	1211 S.W. 139TH AVE.		1.3 STREET ADDRESS		, ,	
CTTY-ST-ZIP	MIAMI FL 33184		1.4 CITY-ST-ZIP			
TITLE	D	DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	BOSCHETTI, JOSE		22 NAME		• •	,
STREET ADDRESS	2901 S.W. 8 STREET STE. 204		2 3 STREET ADDRESS	•	,	
CITY-ST-ZIP	MIAMI FL 33135		2.4 CITY-ST-ZIP	<u> </u>	·	~~
TITLE	C.	DELETE	3.1 TITLE	·	☐ Change	☐ Addition
NAME			32 NAME	•		
STREET ADDRESS			3.3 STREET ADDRESS	• *		
CITY-ST-ZIP			34. CITY-ST-ZIP			
TITLE		DELETE	41 TITLE		Change	☐ Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ANOHESS			j
OTY-\$1-2IP			4.4 C/TY-ST-ZIP			
me		DELETE	51 TITLE		☐ Change	Addition
NAME (52 NAME			[
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
AUTE		DELETE	61 TITLE		Change	noiliobA []
NAME)		1	62 NAME	•	\ \! \!	(1)
STREET ADDRESS	l l	i i	8.3 STREET ADDRESS		5.21-1	- 1
A	~ <i>I</i> /		4.4 CW CT. 740		. 1 . 1	•!

14. Enry-51-29

14. I hereby certify that the information busyled with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or this 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 in charged and that my name appears in other like empowered.

SIGNATURE:

MATURE REQUIRED

1/11/99

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