

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

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90033 034 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **S55648**

1. Corporation Name
C.C.T.A. II SERVICE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 1215 SE 17TH ST
 FT LAUDERDALE FL 33316
 US

Mailing Address
 1215 SE 17TH ST
 FT LAUDERDALE FL 33316
 US

3. Date Incorporated or Qualified
05/29/1991

4. FEI Number
65-0278305

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

2a. Mailing Address
 26 **3475 W Flagler St**
 27 Suite, Apt. #, etc.
 28 **MIAMI FL**
 29 **33135** 30 Country

9. Name and Address of Current Registered Agent

HOLBROOK, FRANCINE D
1600 S BAYSHORE LANE
SUITE #2B
MIAMI FL 33133

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	CRUZ, CLEMENTE	
STREET ADDRESS	1215 SE 17TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	CRUZ, CLEMENTE E.	
STREET ADDRESS	1215 SE 17TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	CRUZ, TERESA	
STREET ADDRESS	1216 SE 17TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	DVT	<input checked="" type="checkbox"/> DELETE
NAME	CRUZ, ANGEL	
STREET ADDRESS	1215 SE 17TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	HOLBROOK, FRANCINE	
STREET ADDRESS	1600 S BAYSHORE LANE #2B	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
3.2 NAME	Director
3.3 STREET ADDRESS	VICE PRESIDENT
3.4 CITY-ST-ZIP	MARIA S. SCHIAFFKE
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	3475 W FLAGLER ST
4.3 STREET ADDRESS	MIAMI FL 33135
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: **Clemente Cruz** **CLEMENTE CRUZ** **2/11/99** **(305) 6440500**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)