

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -4 PM 11:56

DOCUMENT # V65159 (8)

1. Corporation Name
C & F ENERGY, INC.

Principal Place of Business: **901 N. UNIVERSITY DRIVE
PEMBROKE PINES FL 33024
US**
Mailing Address: **P.O. BOX 810964
BOCA RATON FL 33481
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/18/1992** 3a. Date of Last Report: **01/24/1994**

4. FEI Number: **65-0361542** Applied For: 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 has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
Suite, Apt. #, etc. **Michael Steven Greene, Esc**
201 S. Biscayne Blvd., #900
City & State: **23** City & State: **27**
Miami, Florida
Zip: **24** Country: **25** Zip: **29** Country: **30**
33131

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREENE, MICHAEL S.
201 SOUTH BISCAYNE BLVD.
SUITE 900
MIAMI FL 33131**

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 renewing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **DPS**
NAME: **COHEN, JEFFERY A**
STREET ADDRESS: **901 N. UNIVERSITY DRIVE**
CITY ST ZIP: **PEMBROKE PINES FL**

1.1 TITLE: Change Addition
1.2 NAME: _____
1.3 STREET ADDRESS: _____
1.4 CITY ST ZIP: _____

TITLE: **VT**
NAME: **FERNANDEZ, SERGIO**
STREET ADDRESS: **901 N. UNIVERSITY DRIVE**
CITY ST ZIP: **PEMBROKE PINES FL**

2.1 TITLE: Change Addition
2.2 NAME: _____
2.3 STREET ADDRESS: _____
2.4 CITY ST ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY ST ZIP: _____

3.1 TITLE: Change Addition
3.2 NAME: _____
3.3 STREET ADDRESS: _____
3.4 CITY ST ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY ST ZIP: _____

4.1 TITLE: Change Addition
4.2 NAME: _____
4.3 STREET ADDRESS: _____
4.4 CITY ST ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY ST ZIP: _____

5.1 TITLE: Change Addition
5.2 NAME: _____
5.3 STREET ADDRESS: _____
5.4 CITY ST ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY ST ZIP: _____

6.1 TITLE: Change Addition
6.2 NAME: _____
6.3 STREET ADDRESS: _____
6.4 CITY ST ZIP: _____

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 trustee 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 as an attachment with an address.

SIGNATURE: *Sergio Fernandez* V.P.
SERGIO FERNANDEZ, Vice President

DATE: **3/17/95** 305 961 8236