

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

FILED

May 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S55648

(7)

1. Corporation Name

C.C.T.A. II SERVICE, INC.

Principal Place of Business

1215 SE 17TH ST  
FT LAUDERDALE FL 33316  
US

Mailing Address

1215 SE 17TH ST  
FT LAUDERDALE FL 33316-1705  
US



3. Date Incorporated or Qualified  
05/29/1991

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0278305

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

9. Name and Address of Current Registered Agent

CRUZ, CLEMENTE  
19470 NW 8TH STREET  
PEMBROKE PINES FL 33020-3267

10. Name and Address of New Registered Agent

81 Name

HOLBROOK, FRANCINE D.

82 Street Address (P.O. Box Number is Not Acceptable)

1600 South Bayshore Lane

83

Suite # 2 B

84

Miami,

FL

85

Zip Code  
33133

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/97

12. OFFICERS AND DIRECTORS

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	DVX DV	<input type="checkbox"/> DELETE
NAME	CRUZ, TERESA	
STREET ADDRESS	1216 SE 17TH ST	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE	DV T	<input 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 D.	
STREET ADDRESS	1600 South Bayshore Lane #2B	
CITY - ST - ZIP	Miami, Florida 33133	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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 do 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 as an attachment with an address.

SIGNATURE: FRANCINE D. HOLBROOK, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/97 (305) 858-7054

Date

Daytime Phone #

0275839

CR2E034 (9/96)