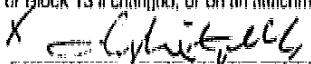


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

95 MAR -2 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 401418 (9)			
1. Corporation Name C P AND B INC			
Principal Place of Business % CARLO PIETROBELLI P.O. BOX 490-377 KEY BISCAYNE FL 33149 US		Mailing Address % CARLO PIETROBELLI P.O. BOX 490-377 KEY BISCAYNE FL 33149 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent PIETROBELLI, CARLO 609 OCEAN DR. APT H-11 KEY BISCAYNE FL 33149		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, MARTHA	1.2 NAME	
STREET ADDRESS	609 OCEAN DR APT H-11	1.3 STREET ADDRESS	
CITY - ST - ZIP	KEY BISCAYNE, FL 0	1.4 CITY - ST - ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	PIETROBELLI, MARY	2.2 NAME	
STREET ADDRESS	609 OCEAN DR APT H-11	2.3 STREET ADDRESS	
CITY - ST - ZIP	KEY BISCAYNE, FL 0	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	PIETROBELLI, CARLO	3.2 NAME	
STREET ADDRESS	609 OCEAN DR APT H-11	3.3 STREET ADDRESS	
CITY - ST - ZIP	KEY BISCAYNE, FL 0	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	PIETROBELLI, CARLO	4.2 NAME	
STREET ADDRESS	609 OCEAN DR APT H-11	4.3 STREET ADDRESS	
CITY - ST - ZIP	KEY BISCAYNE, FL 0	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(3)(b), 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.			
SIGNATURE:  Carlo Pietrobelli 3-1-95 (305) 551-9543			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			