

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR 14 AM 10:47

DOCUMENT # 547417 (6)

1. Corporation Name

C & P PROPERTIES MANAGEMENT AND INVESTMENT, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**3971 S.W. 8TH ST., STE. 205
MIAMI FL 33134**

Mailing Address

**3971 S.W. 8TH ST., STE. 205
MIAMI FL 33134**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/15/1977

3a. Date of Last Report

04/11/1994

4. FEI Number

59-1849013

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐ **\$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 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**CARRERA-JUSTIZ, ELVIRA
3971 S.W. 8TH ST., STE. 205
MIAMI FL 33134**

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 renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LARRIEU, RENE F.
STREET ADDRESS 3971 SW 8TH STREET, #205
CITY-ST-ZIP MIAMI FL 33134

TITLE VTD
NAME LARRIEU, MANUEL A.
STREET ADDRESS 3971 SW 8TH STREET, #205
CITY-ST-ZIP MIAMI FL 33134

TITLE VSD
NAME LARRIEU, JORGE A.
STREET ADDRESS 3971 SW 8TH STREET, #205
CITY-ST-ZIP MIAMI FL 33134

TITLE D
NAME LARRIEU, RENE P.
STREET ADDRESS 3971 SW 8TH STREET, #205
CITY-ST-ZIP MIAMI FL 33134

TITLE D
NAME LARRIEU, GLORIA M.
STREET ADDRESS 3971 SW 8TH STREET, #205
CITY-ST-ZIP MIAMI FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 110.07(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 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 no other block with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P. 3/8/95

Date

(305) 444-6716

Signature/Name