

A95000001174

08/03/95 THU 10:32 FAX 3053589490

END & X

0003

Terminal Emulation CONNECTED 0:06:45

File Edit Services Terminal Special

(((H95000008481))) ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS FROM: MURAJ, WALD, BIONDO, MORENO, P.A.

DEPARTMENT OF STATE 25 SE 2ND AVE

STATE OF FLORIDA SUITE 900

409 EAST GAINES STREET MIAMI FL 33131-

TALLAHASSEE, FL 32399 CONTACT: NIURKA ALONSO

FAX: (904) 822-4000 PHONE: (305) 358-5900

FAX: (305) 358-9490

(((H95000008481))) DOCUMENT TYPE: FLORIDA LIMITED PARTNERSHIP

NAME: C C 1 LIMITED PARTNERSHIP

FAX AUDIT NUMBER: H95000008481 CURRENT STATUS: REQUESTED

DATE REQUESTED: 08/02/1995 TIME REQUESTED: 11:31:23

CERTIFIED COPIES: 0 CERTIFICATE OF STATUS: 0

NUMBER OF PAGES: 4 METHOD OF DELIVERY: FAX

ESTIMATED CHARGE: \$87.50 ACCOUNT NUMBER: 078150002103

Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document.

(((H95000008481)))

** ENTER 'M' FOR MENU. **

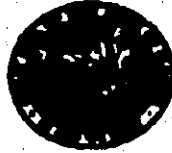
ENTER SELECTION AND <CR>:

F1=Help F10=Menu bar Ctrl+F=File [OFF] Ctrl+P=Printer [OFF]

FILED
1995 AUG -3 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/3/95aw

RECEIVED
95 AUG -3 AM 11:26
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State

FILED
1995 AUG -3 PM 3 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 2, 1995

MURAI, WALD, BIONDO, MORRISO, P.A.
25 S.E. 2ND AVENUE
SUITE 900
MIAMI, FL 33131

SUBJECT: CCI LIMITED PARTNERSHIP
REF: W93000013603

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

Section 15.16(3), Florida Statutes, requires each document to contain in the lower left-hand corner of the first page the name, address, and telephone number of the preparer of the original and, if prepared by an attorney licensed in this state, the preparer's Florida Bar membership number.

Every corporation, limited partnership, general partnership, or trust listed as a general partner of a limited partnership or a managing member or manager of a limited liability company must have an active registration/filing on file with this office before this filing will be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6025.

Cathy A Mitchell
Corporate Specialist

FAX Aud. #: W93000008461
Letter Number: 395A00036468

Division of Corporations - P.O. Box 6127 - Tallahassee, Florida 32314

MURAI WALD BIONDO & MORENO, P.A.

25 S.E. 2nd Ave.
Suite 900, Ingraham Building
Miami, FL 33131

TELEFAX

FILED
1995 AUG -3 PM 3 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Secretary of State
FROM: David A. Carterberry ←
DATE: 08/02/95
FAX NO: 1-904-922-4000
CLIENT: _____

Number of Pages (including this cover page) 7

If you have any problems with the transmittal, please call as soon as possible.
Our telephone # (305) 358-5900 Our fax # (305) 358-9490

SENT BY: Dori TIME SENT: 11:55

The information contained in this facsimile message is attorney privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, the reader is hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original message to us at the above address via the U.S. postal service.

MESSAGE:

Please be advised that the
General practice is in the process
of being formed with your office.

FAX ADIT NUMBER:
M95000008461

**CERTIFICATE OF LIMITED PARTNERSHIP
OF C C 1 LIMITED PARTNERSHIP**

A95000001174

The undersigned, desiring to form a limited partnership pursuant to the laws of the State of Florida, certify as follows:

1. The name of the Partnership is C C 1 LIMITED PARTNERSHIP.
2. The purpose of the Partnership is to bottle, sell and distribute certain products of The Coca Cola Company.
3. The principal place of business and mailing address of the Partnership is 3201 N.W. 72nd Avenue, Miami, Florida 33122.
4. The name and principal place of business of the General Partner is as follows:

General Partner: C C 1, INC.
3201 N.W. 72nd Avenue
Miami, Florida 33122

5. The term for which the Partnership is to exist is from the date the Certificate of Limited Partnership is issued from the Secretary of State, through December 31, 2010, unless sooner terminated.

6. The amount of property initially contributed by the Limited Partnership is \$1,000.00.

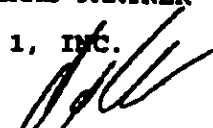
7. The Limited Partners are not required to contribute any additional capital to the Partnership.

8. The name and address of the Registered Agent for service of process is: Murai Wald Biondo & Moreno, P.A.
25 S.E. 2nd Avenue, Suite 900
Miami, Florida 33131

IN WITNESS WHEREOF, the undersigned, being duly sworn, have certified, sworn to and agreed to the foregoing this 2nd day of August, 1995.

GENERAL PARTNER

C C 1, INC.

By: 
Alberto de la Cruz
President

PREPARED BY:

ANA MARIA ESCAGEDO, ESQUIRE
MURAI WALD BIONDO & MORENO, P.A.
25 S.E. 2ND AVENUE, SUITE 900
MIAMI, FLORIDA 33131

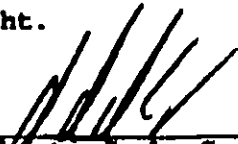
FILED
AUG - 3 PM '95
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAX AUDIT NUMBER:
H93000008461

AFFIDAVIT

BEFORE ME, the undersigned authority, personally appeared Alberto de la Cruz, who being duly sworn deposes and states as follows:

1. That he is the President of the general partner in the partnership known as C C 1, INC.
2. That the amount of capital contributions contributed by the limited partners is \$1,000.00, which amount is the total amount anticipated to be contributed by the limited partners.
3. Further Affiant sayeth naught.

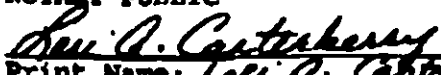


 Alberto de la Cruz

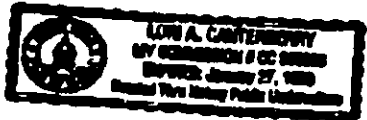
FILED
 1995 AUG -3 PM 3 15
 SECRETARY OF STATE
 TALAHASSEE, FLORIDA

STATE OF FLORIDA)
) SS
 COUNTY OF DADE)

The foregoing instrument was acknowledged before me this 2nd day of August, 1995 by ALBERTO DE LA CRUZ who is personally known to me or () has produced _____ as identification.

NOTARY PUBLIC

 Print Name: Lori A. Carterberry

My Commission Expires:



FAX AUDIT NUMBER:
R95000008461

CERTIFICATE OF REGISTERED AGENT
OF
C C 1 LIMITED PARTNERSHIP

In pursuance of Chapter 620.105, Florida Statutes, the following is submitted, in compliance with said Act:

That C C 1 LIMITED PARTNERSHIP, desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Certificate of Limited Partnership, at the City of Miami, County of Dade, State of Florida, has named Murai Wald Biondo & Moreno, P.A., 25 S.E. 2nd Avenue, Suite 900, Miami, Florida 33131, as its agent to accept service of process within this State.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above stated corporation, at place designated in this Certificate, we hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

Dated this 2nd day of August, 1995.

MURAI WALD BIONDO & MORENO, P.A.

By: *Murai Wald Biondo*

FILED
1995 AUG -3 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A9500001174

CONNECTED 0:05:08

Terminal Emulation

File Edit Services Special
(((H95000013783)))

TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

ELECTRONIC FILING COVER SHEET
FROM: MURAI, WALD, BIONDO, MORENO, P.A.

25 SE 2ND AVE
SUITE 900
MIAMI FL 33131- 9-0000

CONTACT: NIURKA ALONSO
PHONE: (305) 358-5900
FAX: (305) 358-9490

(((H95000013783)))

DOCUMENT TYPE: LIMITED PARTNERSHIP AMENDMENT

NAME: C C 1 LIMITED PARTNERSHIP
FAX AUDIT NUMBER: H95000013783
DATE REQUESTED: 12/07/1995
CERTIFIED COPIES: 1
NUMBER OF PAGES: 1
ESTIMATED CHARGE: \$105.00

CURRENT STATUS: REQUESTED
TIME REQUESTED: 17:46:49
CERTIFICATE OF STATUS: 0
METHOD OF DELIVERY: FAX/Pickup
ACCOUNT NUMBER: 076150002103

Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document.

(((H95000013783)))

** ENTER 'M' FOR MENU. **
ENTER SELECTION AND <CR>:
F1=Help F10=Menu bar

FILED
95 DEC 13 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

395A00054182
~~595A00054116~~ - pickup by (Clint Fuhrman)
295A00054115 - e-filing

DIVISION OF CORPORATIONS

95 DEC -8 AM 7:52

RECEIVED

1213
KWM

(((H95000013783))) ELECTRONIC FILING COVER SHEET
 TO: DIVISION OF CORPORATIONS FROM: MURAI, WALD, BIONDO, MORENO, P.A.
 DEPARTMENT OF STATE 25 SE 2ND AVE
 STATE OF FLORIDA SUITE 900
 409 EAST GAINES STREET MIAMI FL 33131- 9-0000
 TALLAHASSEE, FL 32399 CONTACT: NIURKA ALONSO
 PHONE: (305) 358-5900
 FAX: (904) 922-4000 FAX: (305) 358-9490

(((H95000013783))) DOCUMENT TYPE: LIMITED PARTNERSHIP AMENDMENT
 NAME: C C 1 LIMITED PARTNERSHIP
 FAX AUDIT NUMBER: H95000013783 CURRENT STATUS: REQUESTED
 DATE REQUESTED: 12/07/1995 TIME REQUESTED: 17:46:49
 CERTIFIED COPIES: 1 CERTIFICATE OF STATUS: 0
 NUMBER OF PAGES: 1 METHOD OF DELIVERY: FAX
 ESTIMATED CHARGE: \$105.00 ACCOUNT NUMBER: 076150002103

Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document.

(((H95000013783)))

FILED
 95 DEC 13 PM 12:26
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DIVISION OF CORPORATIONS

95 DEC -8 AM 11:31

RECEIVED

**CERTIFICATE OF AMENDMENT TO
CERTIFICATE OF LIMITED PARTNERSHIP**

The undersigned, constituting of the general partner of C C 1 Limited Partnership, a Florida limited partnership, executed this Certificate of Amendment filed pursuant to §620.109, Florida Statutes, this Florida Limited Partnership whose certificate was filed with the Florida Department of State on August 3, 1995 adopts the following certificate of amendment to its certificate of limited partnership:

AMENDMENT: Article Six shall be amended to read:

The term of the Partnership shall commence on the date hereof and shall terminate on December 31, 2020 unless sooner terminated in accordance with the provisions of the Agreement.

This certificate of amendment shall be effective at the time of its filing with the Florida Department of State.

This 7th day of December, 1995

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief.

PREPARED BY:

M. CRISTINA MORALES
FLORIDA BAR # 287721
SUNRA WALK, DICKENS AND MORNING
288 BENTLEY BUILDING
28 BENTLEY SECOND AVENUE
MIAMI, FLORIDA 33134
305-358-0288

©: WCVL/MBB. LTD

GENERAL PARTNER:

C C 1, INC.

By: Carlos M. de la Cruz, Sr.
Chairman of the Board

FILED
95 DEC 13 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1501 HAYS STREET
TALLAHASSEE, FL 32304
904-222-9473

800-342-8086

A95000001174



ACCOUNT NO. : 072100000032
REFERENCE : 763381 81522A
AUTHORIZATION :
COST LIMIT : 9 PREPAID

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
9 DEC 13 PM 2:05

900001605029
-12/19/95--01036--03
***1750.00 ***1750.00

ORDER DATE : December 12, 1995

ORDER TIME : 10:0 AM

ORDER NO. : 763381

CUSTOMER NO: 81522A

CUSTOMER: Linda M. Mulhall, Legal Asst
Murai Wald & Biondo
900 Ingraham Building
25 S. E. Second Avenue
Miami, FL 33131

ATTENTION:

BUCK KOH

ANNUAL REPORT FILING

NAME: C C 1 LIMITED PARTNERSHIP

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Clint D. Fuhrman

EXAMINER'S INITIALS:

RECEIVED

DEC 13 PM 1:32

mk 12/13/95

| | |
|--------------|---------|
| J. TAX | _____ |
| FILING | 1750.00 |
| R. AGENT FEE | _____ |
| C. COPY | _____ |
| TOTAL | 1750.00 |
| N. BANK | _____ |
| BALANCE DUE | _____ |
| OFFHAND | _____ |

**SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR A FLORIDA LIMITED PARTNERSHIP**

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 DEC 13 AM 11:22

The undersigned, constituting of the general partner of C C Limited Partnership, a Florida limited partnership, executed this Supplemental Affidavit filed pursuant to §620.112, Florida Statutes.

The total amount of the capital contribution of the limited partners to date is \$495,000.00.

This 11 day of December, 1995.

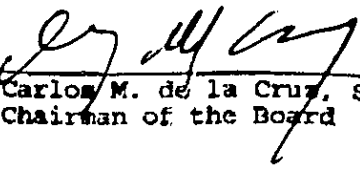
FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief.

GENERAL PARTNER:

C C 1, INC.

By:


Carlos M. de la Cruz, Sr.
Chairman of the Board

WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

A95000001174

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 95 DEC 13 PM 2:30

1. Name of Limited Partnership

1a. DOCUMENT # A95000001174

C C 1 LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable

Suite, Apt #, etc

City, State & Zip

2a. New Principal Office Address, if Applicable

Suite, Apt #, etc

City, State & Zip

Mailing Address

3201 NW 72ND AVE. MIAMI FL 33122

Principal Office Address

3201 NW 72ND AVE. MIAMI FL 33122

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

3. Date Firmed or Registered to Do Business in FLORIDA 08/03/1995

3a. Date of Last Report

4. State or Country of Formation FL

5a. Capital Contributions as Shown on Record \$1,000.00

5b. Amount of Capital Contributions in FLORIDA to date \$495,000

6. FEI Number 65-060251

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

8. FEES: 1.) Filing Fee: Computed at a rate of .37 per \$1,000 on amount entered in 5b or 5a if 5b is blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50. 2.) Supplemental Fee: \$138.75 (pursuant to section 807 193, F.S.)

THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75) Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee. MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

9. Name and Address of Current Registered Agent

MURAI, WALD, BIONDO & MORENO, P.A. 25 SE 2ND AVE., STE. 900 MIAMI FL 33131

10. If changed, new Registered Agent/Office

Name Murai Wald Biondo & Moreno, P.A. Street Address (P.O. Box Number is Not Acceptable) 25 S.E. 2nd Avenue Suite, Apt #, etc. Suite 900 City Miami FL Zip Code 33131

10a. Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620 192, Florida Statutes.

MURAI, WALD, BIONDO & MORENO, P.A.

SIGNATURE (Registered Agent Accepting Appointment)

[Signature] MURAI, WALD, BIONDO & MORENO, P.A.

DATE 09/29/95

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registrar/Document Number

C C 1, INC.

3201 NW 72ND AVE.

MIAMI FL 33122

PS6300880000

For 437.50
SUPP 138.75
CY 8.75
585.00

500001664175
-12/18/95--01042--010
*****8.25 *****576.25
500001664175
-12/18/95--01042--011
*****8.75 *****8.75

BK 12/13/95

Notes: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by section 620, Florida Statutes.

SIGNATURE By: *[Signature]*

DATE Dec. 9, 1995

Typed or Printed Name of General Partner Signing Form Alberto de la Cruz

Telephone Number (304) 591-2537

CR2E003 (6/95)

1200 MARKS STREET
TALLAHASSEE, FL 32304

800-342-8086

A95000001174



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 JAN 12 PM 3:46

ACCOUNT NO. : 072100000032
REFERENCE : 797542 81522A
AUTHORIZATION : *Patricia Papp*
COST LIMIT : ~~4~~

ORDER DATE : January 10, 1996

ORDER TIME : 9:40 AM

ORDER NO. : 797542

CUSTOMER NO: 81522A

CUSTOMER: Ms. Lori Canterberry
Murai Wald & Biondo
900 Ingraham Building
25 S. E. Second Avenue
Miami, FL 33131

~~XXXXXXXXXXXX~~
900001690449
-01/17/96--01033--015
*****52.50 *****52.50

RECEIVED
96 JAN 10 AM 11:10
DIVISION OF CORPORATION

DOMESTIC AMENDMENT FILING

900001690449
-01/17/96--01033--014
***1750.00 ***1750.00

NAME: C C 1 LIMITED PARTNERSHIP

C. TAX 1750.00
FILING _____
R. AGENT FEE 52.50
C. COPY 17,802.50
TOTAL _____
N. BANK _____
BALANCE DUE _____

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING REFUND

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jennifer Moran

EXAMINER'S INITIALS: 11/2/96
BR