

WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT

1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JAN -7 AM 9:18

Name of Limited Partnership

1a. DOCUMENT #
A95000001174

C C 1 Limited Partnership

Principal Office Address

Principal Office Address

3201 N.W. 72nd Avenue
Miami, FL 33122

3201 N.W. 72nd Avenue
Miami, FL 33122

3. Date Formed or Registered
09/03/95

5a. Capital Contributions as
Shown on record
\$32,175,000.00

3a. Date of Last Report
09/27/96

5b. Amended Capital
Contributions as
Shown on record

4. State and County of Formation
FL

2. Mailing Address

2a. Principal Office Address

Street, Apt. #, etc.

Street, Apt. #, etc.

City & State

City & State

Zip

County

Zip

County

6. FID Number
65-060251

Appointed for
Not Applicable

7. Certificate of State Taxes

\$8.75 Additional
Fees to be paid

8.

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

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

Name

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

State, Apt. #, etc.

City

500002409725-0

01/23/98-01006-007

***526.25 ***526.25

FL

10a. Pursuant to the provisions of sections 119.07, 119.08 and 620.107, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, hereby certifies that the information 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 these provisions of section 620.107, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (do NOT list P.O. Box as the only address)	11b. City, State & Zip Code	11c. FID Number
C C 1, INC.	3201 N.W. 72nd Ave.	MIAMI FL 33122	P95000060098
	437.50 88.75	OK	

Note: 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 chapter 620, Florida Statutes.

G. C 1, INC.

SIGNATURE

Carlos M. de la Cruz, Sr.

DATE

1/6/97
(305) 599-2337

Printed or Printed Name of General Partner Signing Form

Daytime Telephone Number