FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # K21416 (8)

1. Corporation Name

CGC INVESTMENTS INC.

Principal Place of Business: 101 MADEIRA, CORAL GABLES FL 33134-4515

Mailing Address: 101 MADEIRA, CORAL GABLES FL 33134-4515

3. Date Incorporated or Qualified: 04/20/1988

3a. Date of Last Report: 04/17/1995

4. FEI Number: 65-0049198 — [ ] 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. 199.052, Florida Statutes. [X] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**

ARAZOZA & COMAS PA
2100 CORAL WAY
SUITE 504
MIAMI FL 33145

10. **Name and Address of New Registered Agent**

81 Name: Arazoza, Comas, de Torres & Fernandez-Fraga, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 101 MADEIRA
83
84 City: CORAL GABLES FL 85 Zip Code: 33134

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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 ✓ *Carlos Comas* 3/26/96

Signature of Registered Agent — Date

12.	OFFICERS AND DIRECTORS	
TITLE	PD	[ ] DELETE
NAME	ARAZOZA, CARLOS	
STREET ADDRESS	101 MADEIRA	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	TD	[ ] DELETE
NAME	COMAS, GASTON J.	
STREET ADDRESS	101 MADEIRA	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	SD	[ ] DELETE
NAME	ARAZOZA, CARLOS F.	
STREET ADDRESS	101 MADEIRA	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
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	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(1)(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 on an attachment with an address.

SIGNATURE: *Carlos Arazoza* 3/26/96 (305) 444-3223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #