## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** Feb 17 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #**1. Corporation Name 2-C INVESTMENTS ENTERPRISES, INC. Principal Place of Business Mailing Address 3021 W 76 ST 3021 WEST 76TH ST. **APT 101 APT 101** DO NOT WRITE IN THIS SPACE HIALEAH FL 33016 HIALEAH FL 33016 US 3. Date Incorporated or Qualified 11/14/1989 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 65-0067707 Not Applicable 21 Suite, Apt. #. etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing City & State \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zıp Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Garcia, Carlos M ARCIM 12405 SW 190 ST Street Address (P.O. Box Number is Not Acceptable) 82 MHAIM! FL 33186 83 APT 101 Zip Code 330 ( AleAit 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered 11. Pursuant to the provisions of Sections 607.0502 Such change was authorized by Section 607,0605, Florida Statutes office or registered agent or both, in the State of agent. I am familiar with, and accept the objection (NOTE: Registered Agent signature required when reinstating) OFFICEDS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change DELETE 1.1 TITLE TITLE GATACIA, CARLOS M 1.2 NAME NAME Street APTI + 101 12405 SW 430 ST 1.3 STREET ADDRESS STREET ADDRESS MHAMI FL 33016 1.4 CITY-ST-ZIP CITY-ST-ZIP DELFTE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and account 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 acceiver or trustee employered 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 or an attachment with an address.

FILED