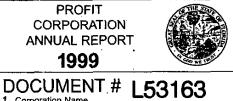
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90136 023 ***158.75

1. Corporation Name	
C.R. & R. INVESTMENTS, INC.	
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Principal Place	e of Business	Mailing Address	 -		i (delidi) nat niten (tiel (term nites (N: 01011 atal: 01011 a:81	, 6151. 6161. 1651	
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7831 SW 14TH TER 7831 SW 14TH TER								
MIAMI FL 3314		MIAMI FL 33144-5250			DO NOT WRITE I	N THIS SPACE		
					3. Date Incorporated or Qualifed 02/26/1990	•		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For	
21		26			59-2998126	l N	lot Applicable	
Suite, Apt.	# etc.	Suite, Apt. #, etc.	_			\$8.75	Additional	
22		27	_		5. Certificate of Status Desired	Fee R	Required	
	City & State City & State				6. Election Campaign Financing	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
23		28	Cou	ntru	8. This corporation owes the current		1000	
⊢ , '	Zip Country Zip			¬ ' '		Yes No		
24	25	29	30		10. Name and Address of New Regi			
	9. Name and Address of Curr	ent Registered Agent		81 Name		stered Agent		
GDA	NDA. RAUL			OI Name				
ì	1 SW 14TH TER			82 Street	82 Street Address (P.O. Box Number is Not Acceptable)			
l	MI FL			83				
14112	WILL E			63				
				84 City		F1 85 Zip	Code	
		500 and 607 4500 Florida State	utes the si	bous named	corporation submits this statement for the pur	nose of changing if	s registered	
11. Pursuant office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta	te of Florida. Such change was	authorized	bove-named by the corp	oration's board of directors. I hereby accept the	e appointment as r	egistered	
agent. I a	ım familiar with, and accept the obl	gations of, Section 607.0505, F	lorida Stati	ites.	مست و وسوره برو ي ي	Alexandry - Later - A		
SIGNATURE	and the second of the second o							
	Signature, typed or printed name of registered	<u> </u>		Agent signature	required when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	ODS (N. 12	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	Change		
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NAME			6.2 N	AME			ļ	
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6.4 CITY-ST-ZIP 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 suppliemental 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 open attachment with an address, with all other like empowered.

SIGNATURE:

HARED OFFICER OR DIRECTOR