

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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**95 APR 27 AM 10: 22**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morrison Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L62737 (6)**

1. Corporation Name  
**C. G. C. SERVICES INC.**

Principal Place of Business <b>11925 NE 2ND AVE., #409 B MIAMI FL 33161</b>	Mailing Address <b>11925 NE 2ND AVE., #409 B MIAMI FL 33161</b>
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3. Date Incorporated or Qualified <b>03/28/1990</b>	3a. Date of Last Report <b>04/29/1994</b>
4. FEI Number <b>65-0186172</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <b>N MIAMI</b>	City & State 28 <b>N MIAMI</b>
Zip 24	Zip 29
Country 25	Country 30

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

**GERACI, F ANTHONY  
11925 NE 2 AVE  
#409  
MIAMI FL 33161**

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

B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3 <b>#409 B</b>	B4 City <b>N MIAMI</b>	B5 Zip Code <b>FL</b>
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature: Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature required when resigning)

**12. OFFICERS AND DIRECTORS**

TITLE <b>D</b>	NAME <b>GERACI, ANTHONY F</b>
STREET ADDRESS <b>11925 NE 2ND AVENUE #409</b>	CITY - ST - ZIP <b>MIAMI FL</b>
TITLE <b>PVST</b>	NAME <b>GERACI, ANTHONY F</b>
STREET ADDRESS <b>11925 NE 2ND AVENUE, #409</b>	CITY - ST - ZIP <b>MIAMI FL</b>
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE <b>D, D.V.</b>	12 NAME <b>F. Anthony Geraci</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13 STREET ADDRESS <b>11925 NE 2 AVE #409 B</b>	14 CITY - ST - ZIP <b>N MIAMI FL 33161</b>	
21 TITLE <b>P. ST</b>	22 NAME <b>DURAN, RAYMOND JOSE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
23 STREET ADDRESS <b>5361 NW 170 TER</b>	24 CITY - ST - ZIP <b>MIAMI FL 33169</b>	
31 TITLE	32 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
33 STREET ADDRESS	34 CITY - ST - ZIP	
41 TITLE	42 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
43 STREET ADDRESS	44 CITY - ST - ZIP	
51 TITLE	52 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
53 STREET ADDRESS	54 CITY - ST - ZIP	
61 TITLE	62 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
63 STREET ADDRESS	64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not constitute a false statement. I further certify that the information indicated on this annual report or supplemental annual report is true and correct; that I am an officer or director of the corporation or the receiver or trustee empowered to file this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *x F. Anthony Geraci*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*x 4/15/95 305-892-0109*  
Date (Daytime Phone #)