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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L62737 (6)

1. Corporation Name

C. G. C. SERVICES INC.



Principal Place of Business

Mailing Address

11925 NE 2ND AVE., #409 B
NORTH MIAMI FL 33161
US

11925 NE 2ND AVE., #409 B
NORTH MIAMI FL 33161
US

New
Address

2. Principal Place of Business

2a. Mailing Address

21 290 NW 161 Street

26 290 NW 161 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Miami FL

27 Miami FL

Zip

Country

Zip

Country

24 33169

25 DADE

29 33169

30 MIAMI

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name F. Anthony Geraci
82 Street Address (P.O. Box Number is Not Acceptable)
290 NW 161 Street
83
84 City MIAMI FL 85 Zip Code 33169

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

Signature, typed or printed name of registered agent and title if applicable

Signature, typed or printed name of registered agent and title if applicable

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV
NAME GERACI, ANTHONY F.
STREET ADDRESS 11925 NE 2 AVENUE #409B
CITY-ST-ZIP MIAMI FL

1.1 TITLE D VST
1.2 NAME F. ANTHONY Geraci
1.3 STREET ADDRESS 290 NW 161 St
1.4 CITY-ST-ZIP MIAMI, FL 33169

TITLE PST
NAME DURAN, RAYMOND JOSE
STREET ADDRESS 5361 NW 170 TERRACE
CITY-ST-ZIP MIAMI FL

2.1 TITLE P
2.2 NAME AIDEA AREND
2.3 STREET ADDRESS 290 NW 161 St
2.4 CITY-ST-ZIP MIAMI, FL 33169

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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:

F. Anthony Geraci

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4

305-947-2440

Day

True Phone

CR2E034 (12/95)