FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

'95 MAR -3 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L78626 (3)

1. Corporation Name
C. & C. CONTRACTING CORPORATION

Principal Place of Business	Mailing Address
8291 NW 185 TERR. ~~000 EAST 42ND STREET~~ MIAMI FL 33015 US	8291 NW 185 TERR. ~~000 EAST 42ND STREET~~ MIAMI FL 33015 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/07/1990
3a. Date of Last Report: 05/23/1994

2. Principal Place of Business
21 8291 NW 185 Terr.
22 Suite, Apt. #, etc.
23 City & State: Miami, FL.
24 Zip: 33015 25 Country: US

2a. Mailing Address
26 8291 NW 185 Terr.
27 Suite, Apt. #, etc.
28 City & State: Miami, FL.
29 Zip: 33015 30 Country: US

4. FEI Number: 65-0202737 ☐ 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. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

COLINA, CARLOS E.
8291 NW 185 TERR.
~~HIALEAH~~ FL 33015
Miami

10. Name and Address of New Registered Agent

81 Name: Carlos E. Colina
82 Street Address (P.O. Box Number is Not Acceptable): 8291 NW. 185 Terr.
83
84 City: Miami FL 85 Zip Code: 33015

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
(If changing Registered Agent, registered agent must sign)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD NAME: COLINA, CARLOS STREET ADDRESS: 8291 NW 185 TERR. CITY-ST-ZIP: MIAMI FL	11 TITLE ☐ Change ☐ Add/Del 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	21 TITLE ☐ Change ☐ Add/Del 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	31 TITLE ☐ Change ☐ Add/Del 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41 TITLE ☐ Change ☐ Add/Del 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE ☐ Change ☐ Add/Del 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE ☐ Change ☐ Add/Del 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

14. To the best of my knowledge, all information required with this report is voluntarily furnished and 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 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 13 above, or on an attachment with an address.

SIGNATURE: Carlos E. Colina Pres. 2/24/95 305-826-0102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Carlos E. Colina Pres.