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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M36600

(8)

FILED Feb 24 1998 8:00am Secretary of State

C.P.C. ENTERPRISES, INC. Principal Place of Business Mailing Address 3360 S.W. 1 ST. 3360 S.W. 1 ST. MIAMI FL 33135 **MIAMI FL 33135** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/11/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2716672 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. Yes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CHATHAM, CHARLES P. 3360 S.W. 1 ST. 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33135 83 84 City Zip Code 85 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change THILE 1.1 TITLE ■ Addition CHATHAM, CHARLES P. NAME 1.2 NAME 3360 S.W. 1 ST. STREET ADDRESS 13 STREET ADDRESS MIAMI FL CITY-ST-ZIP 14 CITY-ST-ZIP DELETE TITLE VSD Addition 21 TITLE CHATHAM, MARGARITA NAME 2.2 NAME 3360 S.W. 1 ST. STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DLLETE TITLE 4.1 TITLE Change Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby 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 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 occeiver 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 C.P. CHATHAM THE COLORES ESTA 2 98 SAC WAS

CR2E034 (10/97