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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M77252
1. Corporation Name
2-C DEVELOPMENT, INC.

(8)

FILED Mar 19 1997 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address)(8)
2900 W 84 ST #201		2900 W 84 ST #201			
HIALEAH FL 33	an 6	HIALEAH FL 33018-4919			
				3. Date Incorporated or Qualified 04/20/1988	3a. Date of Last Report 05/01/1996
⊢ −-	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0067707	Not Applicable
Suite, Apt		Suite. Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country 25		Country	8. This corporation has liability for in Florida Statutes	xangible tax under s. 199.032, Yes □ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	jistered Agent
	RERA, CARLOS JR.		81 Name		
7700 S.W. 68TH TERR. 82 Street Address (P.O. Box Number is Not Acceptable)					
MIA	MI FL		83		
			63		
:			84 City		85 Zip Code
11. Pyrsuant to the provisions of Sections 607,0502 and 607,1508. Horida 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. Thereby accept the appointment as registered.					
agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutés.					
SIGNATURE					
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	POS	DELFTE	1.1 TITLE		Change Addition
NAME	HERRERA, CARLOS JR.		1.2 NAMi		
STREET ADDRESS	7700 S.W. 68TH TERR. MIAMI FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DT DT	DELETE	1.4 CHY-\$1-ZIP		
NAME	LUISA M RIVERO	f"3 pictur	211/lif		L Change
STREET ADDRESS	2900 W 84 ST		2.2 MAM 2.5 2.3 SHEEL LADOHES 8.2		
CITY-ST-ZIP	HIALEAH FL		2 4 CHY-S1-7IF		ì
TITLE		DOLLETE	3.1 TOLE		Change Addition
NAME			3.2 NAML		
STREET ADDRESS		•	3.3 STREET ADDRESS		
CITY - ST - ZIP			34 CITY+ST-7/P		
TITLE		☐ DELFTE	4 1 1 1 1 1 1		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CATY-ST-ZIP TITLE		DELETE	4.4.0(1Y - ST - Z(P)		Phone Addition
NAME			5 1 TITLE S 2 NAME		Change Addition
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			5.4 CHY - S1 - 7IF		
,T(TLE		DELETE	61 TIRE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - \$1 - ZIF		
14. I do 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 period is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the confination or the receiver or trusted impowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 is Block 13 it changed, or of an attachment with an oddress.					