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Mar 05 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N95000000987 (6)

1. Corporation Name  
CPNCC, INC.

Principal Place of Business

661 W. FLAGLER ST.  
MIAMI FL 33141

Mailing Address

P.O. BOX 01-3939  
MIAMI FL 33101-3939



3. Date Incorporated or Qualified 02/27/1995	3a. Date of Last Report 12/26/1996
4. FEI Number 65-0609249	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

9. Name and Address of Current Registered Agent

LOPEZ, JORGE A  
2500 N.W. 79TH AVENUE  
MIAMI FL 33122

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERMUDO, MARTA	1.2 NAME	Carreras, Frank
STREET ADDRESS	661 W. FLAGLER ST.	1.3 STREET ADDRESS	661 W. Flagler Street
CITY-ST-ZIP	MIAMI FL 33141	1.4 CITY-ST-ZIP	Miami, FL 33141
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRAL, ROLANDO	2.2 NAME	
STREET ADDRESS	661 W. FLAGLER ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33141	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORES, CONNIE	3.2 NAME	
STREET ADDRESS	661 W. FLAGLER ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33141	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, REINALDO	4.2 NAME	
STREET ADDRESS	661 W. FLAGLER ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33141	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, JORGE A	5.2 NAME	
STREET ADDRESS	661 W. FLAGLER ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33141	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORES, CONNIE	6.2 NAME	
STREET ADDRESS	2111 S.W. 19TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33145	6.4 CITY-ST-ZIP	

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]* JORGE A. LOPEZ, DIRECTOR 2/27/97 715-0000 ext. 3378

CR2E037 (9/96)