


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90004 040 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # N95000000987</b>					
1. Corporation Name <b>CPNCC, INC.</b>					
Principal Place of Business <b>661 W. FLAGLER ST. MIAMI FL 33141</b>			Mailing Address <b>P.O. BOX 01-3939 MIAMI FL 33101</b>		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/27/1995</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0609249</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>LOPEZ, JORGE A 2500 N.W. 79TH AVENUE MIAMI FL 33122</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City <b>FL</b> 85 Zip Code	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERMUDO, MARTA</b>	1.2 NAME	
STREET ADDRESS	<b>661 W. FLAGLER ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33141</b>	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VALDIVIA, MIRTHA</b>	2.2 NAME	
STREET ADDRESS	<b>6853 W 25TH CT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HAIALEAH FL 33016</b>	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLORES, CONNIE</b>	3.2 NAME	
STREET ADDRESS	<b>661 W. FLAGLER ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33141</b>	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOMEZ, REINALDO</b>	4.2 NAME	
STREET ADDRESS	<b>661 W. FLAGLER ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33141</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOPEZ, JORGE A</b>	5.2 NAME	
STREET ADDRESS	<b>661 W. FLAGLER ST.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33141</b>	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SORONDO, MARIA ANTONIA</b>	6.2 NAME	
STREET ADDRESS	<b>13301 SE 25TH STREET</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33175</b>	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/3/99 (305) 545 8019**  
Date Daytime Phone #

CR2E037 (11/98)