

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:28

DOCUMENT # **P92000014520 (0)**

1. Corporation Name
GROUP C, INC.

Principal Place of Business Mailing Address
PO BOX 960085 PO BOX 960085
MIAMI FL 33296 MIAMI FL 33296

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 13843 SW 139 CT		26 P.O. BOX 960085		12/21/1992		08/15/1994	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 MIAMI, FLORIDA		28 MIAMI, FLORIDA		65-0378556		Not Applicable	
24 33196		25 USA		29 33296		30 USA	
5. Certificate of Status Desired <input type="checkbox"/>				8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				5.00 May Be Added to Fees			
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CARDOSO, HELCIO 15455 SOUTHWEST 110 TERRACE MIAMI FL 33196				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				B5 Zip Code			
				FL			

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 _____ (Signature typed or printed name of registered agent and title if applicable) _____ (Typed Name of Registered Agent, Signature Required Area) _____ (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	STREET ADDRESS	1. TITLE	2. NAME	3. STREET ADDRESS
	X VICE PRESIDENT	CARDOSO, HELCIO			
		15455 SOUTHWEST 110 TERRACE			
		MIAMI FL			
TITLE	NAME	STREET ADDRESS	4. TITLE	5. NAME	6. STREET ADDRESS
	VICE PRESIDENT	HELTON CARDOSO			
		15455 S.W. 110 TERRACE			
		MIAMI, FL 33196			
TITLE	NAME	STREET ADDRESS	7. TITLE	8. NAME	9. STREET ADDRESS
	PRESIDENT	PRISCILA C. CARDOSO			
		15455 SW 110 TERRACE			
		MIAMI, FLORIDA 33196			
TITLE	NAME	STREET ADDRESS	10. TITLE	11. NAME	12. STREET ADDRESS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the person or persons authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with my certificate.

SIGNATURE: **HELICIO CARDOSO** *Helcio Cardoso* 4-26-95 305 254-4174
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR (Typed Name)