*** FILE NOW. FILING FEE AFTER MAY 1 IS $225.00 ***

CORPORATION ANNUAL REPORT

1995 ~~1994~~

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -9 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name	DOCUMENT #
C&G OF SOUTH FLORIDA,	INC. P94000012026

Mailing Address / Principal Place of Business

3155 S.W. 24 Street
Miami, Fl 33145

If above addresses are incorrect in any way, strikeout incorrect information and enter correct address.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: February 14, 1994	3a. Date of Last Report:
4. FEI Number: ~~P94000012026~~ 65-0472606	Applied For / Not Applicable
5. Certificate of Status Desired: $8.75 Additional Fee Required [X]	6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees
7. Nonprofit Exempt from $138.75 Supplemental Fee [ ]	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: [ ] Yes [X] No	

2. Mailing Address	2a. Principal Place of Business
21 same as above	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
John Elias 15225 N.W. 77 Avenue Suite 202 Miami Lakes, Fl 33014	81 Name: Cristina M. Elias 82 Street Address (P.O. Box Number is Not Acceptable): 15225 N.W. 77 Avenue 83: Suite #202 84 City: Miami Lakes, 85 FL Zip Code: 33014

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or 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 607.0505 or 617.0503, Florida Statutes.

SIGNATURE: [signature] (Registered Agent or Agent's Authorized Representative) DATE: 05/9/95

12. OFFICERS AND DIRECTORS	13. CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP: President / Julio Garcia / 3155 S.W. 24 Street, miami, Fl	11 TITLE: P/T 12 NAME: Cristina M. Elias 13 STREET ADDRESS: 15225 N.W. 77 Avenue, Suite 202 14 CITY ST ZIP: Miami Lakes, FL 33014
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	800001482106 -05/10/95--01016--018 ****200.00 ****200.00
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	800001482106 -05/10/95--01016--019 *****43.75 *****43.75
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I authorize the Department of Corporations to release my telephone number, if any, in connection with my annual report. I further certify that the information indicated on this 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 607 or Chapter 617, Florida Statutes; and that my name appears in Block 11 or Block 13 if changed, or on an attachment with an asterisk.

SIGNATURE: [signature] 05/14/95 (305) 558 4533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER