

★ FILE NOW. FILING FEE AFTER MAY 1 IS \$225.00 ★

CORPORATION
ANNUAL REPORT



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

1995 ~~1994~~

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

DOCUMENT #

Mailing Address
**3155 S.W. 24 Street
Miami, FL 33145**

Principal Place of Business

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, use through nearest information and enter correct form below

2. Mailing Address 21. same as above		2a. Principal Place of Business 26.		3. Date incorporated or Qualified February 14, 1994		3a. Date of Last Report	
Suite, Apt # etc		Suite, Apt # etc		4. FEI Number P9400001202665-0472606		Approved For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired \$8.75 Additional Fee Required ☒		6. Election Campaign Financing Trust Fund Contribution ☐	
23. Zip		28. Zip		7. Nonprofit Exempt from \$138.75 Supplemental Fee ☐		\$5.00 May Be Added to Fees	
Country		Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent John Elias 15225 N.W. 77 Avenue Suite 202 Miami Lakes, FL 33014				10. Name and Address of New Registered Agent			
81. Name				Cristina M. Elias			
82. Street Address (P.O. Box Number is Not Acceptable)				15225 N.W. 77 Avenue			
83. Suite # etc				Suite #202			
84. City				Miami Lakes, FL			
85. 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]* DATE: **05/09/95**

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. TITLE	2. NAME			1. TITLE	2. NAME		
3. STREET ADDRESS	4. CITY, ST, ZIP			3. STREET ADDRESS	4. CITY, ST, ZIP		
5. TITLE	6. NAME			5. TITLE	6. NAME		
7. STREET ADDRESS	8. CITY, ST, ZIP			7. STREET ADDRESS	8. CITY, ST, ZIP		
9. TITLE	10. NAME			9. TITLE	10. NAME		
11. STREET ADDRESS	12. CITY, ST, ZIP			11. STREET ADDRESS	12. CITY, ST, ZIP		
13. TITLE	14. NAME			13. TITLE	14. NAME		
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21. TITLE	22. NAME			21. TITLE	22. NAME		
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25. TITLE	26. NAME			25. TITLE	26. NAME		
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95. STREET ADDRESS	96. CITY, ST, ZIP			95. STREET ADDRESS	96. CITY, ST, ZIP		
97. TITLE	98. NAME			97. TITLE	98. NAME		
99. STREET ADDRESS	100. CITY, ST, ZIP			99. STREET ADDRESS	100. 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)(b), Florida Statutes. I release the Division of Corporations from any liability of negligence in the event that the information supplied is determined to be exempt from public access. 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 a bona fide resident of the State of Florida and am properly registered by Chapter 117, Florida Statutes. I am an officer or director of the corporation or the receiver or trustee of the corporation and I am properly registered by Chapter 117 or Chapter 118, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment without a block.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/09/95 (305) 556 4533