

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murphree
Secretary of State
1995

DOCUMENT # **P94000051053 (4)**

1. Corporation Name

C. & R. P. INVESTMENTS INC.

2. Principal Place of Business

**3260 WEST 13TH AVE.
HIALEAH FL 33012**

3. Mailing Address

**3260 WEST 13TH AVE.
HIALEAH FL 33012**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/11/1994

3a. Date of Last Report

4. FEI Number

65-0504795

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under § 199.032,
Florida Statutes Yes No

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt # etc

22

State, 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

**PENATE, ROLANDO
3260 WEST 13TH AVE.
HIALEAH FL 33012**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 of Registered Agent)

(Signature of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95

TITLE: **PD**
NAME: **PENATE, ROLANDO**
STREET ADDRESS: **3260 WEST 13TH AVE.**
CITY, ST, ZIP: **HIALEAH FL 33012**

1. TITLE Change Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

TITLE: **STD**
NAME: **PENATE, ZONIA**
STREET ADDRESS: **3260 WEST 13TH AVE.**
CITY, ST, ZIP: **HIALEAH FL 33012**

5. TITLE Change Addition
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

9. TITLE Change Addition
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

13. TITLE Change Addition
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

17. TITLE Change Addition
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

21. TITLE Change Addition
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP

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 199.032(3)(b), Florida Statutes. I further certify that the information made about 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Zonia Penate

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ZONIA
PENATE**

05/17/95 (305) 556-8433

