FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000074199 (8)

COMMERCIAL CENTER EXECUTIVE OFFICE, INC.

Principal Place of Business 8157 SW 167TH ST. SUITE F-21		Mailing Address			***************************************	n hundinghor ing honra gandi dokini dohin dohin gabus kodus dihina tikoro indika ratik kodus		
		6157 NW 167TH ST.	6157 NW 167TH ST.					
		SUITE F-21						
MIAMI FL 330	015	MIAMI FL 33015-4318						
US		US				3. Date incorporated or Qualified 10/06/1994	3a. Date of Last Report 02/06/1996	
2. Principa:	Place of Business	2a. Mailing Address				4. FEI Number	Applied For	
21		26				65-0527602	Not Applicable	
Suite Ap	t #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional	
22		27				Certificate of Status Desired	Fee Required	
City & St	ale	City & State				6. Election Campaign Financing	\$5.00 May Be	
23		28				Trust Fund Contribution	Added to Fees	
Ζφ	Country	Zip	c	ountry		8. This corporation has liability for inta	ingible tax under s. 199.032,	
24	25	29	30				∕es No	
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Regis	tered Agent	
FA	IANKLIN, CARL E			81	Name			
61	57 NW 167TH ST. F2/				Street Ad	t Address (P.O. Box Number is Not Acceptable)		
Mi	AMI FL 33015			82				
				83	, , , , , ,			
							les Zie Code	
				84	City		FL 85 Zip Code	
office or agent 1 SIGNATURE	ami familiar with, and accept the obli	igations of, Section 607.0505	, Florida S	tatutes	i. 	orporation submits this statement for the purp ration's board of directors. I hereby accept to		
	Standare, typical or punted name of tegistered a				int signature rec		DATE	
12.	PST OFFICERS A	ND DIRECTORS DELETE		3.		ADDITIONS/CHANGES TO OFFICER	Change Addition	
TOTLE	FRANKLIN, CARL E.	F"1 DETEIL		1 TITLE			Change L. Addition	
NAME	AART ABAL AARTH OT FAA			2 NAME				
STREET ADDRESS			- 1		ADORESS			
C-TY-SI-ZiP	MIAMI FL	Deter		4 CITY-S	T-71P		Change Addition	
THILE		☐ DELETE		1 TITLE			· · ·	
NAME				2 NAME		No.	F	
STREET ADDRESS	·				ADDRESS			
City-St-ZiP		DECERE		4 CITY-S	ST-ZIP		Observed	
Tills		L] DELETE	1	1 TATLE	}		Change Addition	
NAM:				2 NAME				
STREET ADDRESS	`				ADDRESS			
CITY-ST-ZIP		Bours	******	4. CITY-5	ST-ZIP	***************************************	Change Addition	
TIDLE		☐ DELETE	1	1 TITLE			Change Addition	
NAME			1	2 NAME				
STREET ADDRESS	S		4.	3 STREET	ADDRESS			
CHY-ST-ZIP		T pp. ava		4 CITY - S	T - ZIP		T observed to the control of the con	
10,E				5.1 TITLE			Change Addition	
NAME				2 NAME				
STREET ADDRESS	S .		5.	3 STREET	ADDRESS			
CITY ST 719			5.	4 CITY - S	T-2IP		····	
100 F		☐ DELETE	6.	1 TITLE]		Change Addition	
NAME			6:	2 NAME				
STREET ADDRESS	8		8.	3 STREET	ADDRESS			
CHY-ST 7P			6.	4 CITY-S	T-ZIP			

14. I do 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 607, Florida Statutes; and that my name