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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000080474 (7)

1. Corporation Name

C & C BUSINESS CONSULTANTS, INC.

Principal Place of Business
8445 S.W. 40TH TERRACE
MIAMI FL 33155

Mailing Address
8445 S.W. 40TH TERRACE
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/02/1994

3a. Date of Last Report

4. FEI Number

25-0531444

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 S 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DE ZAYAS, CRISTINA
8445 S.W. 40TH TERRACE
MIAMI FL 33155

81. Name

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

83. City

84. Zip

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

Cristina De Zayas

By: *Cristina De Zayas* Registered Agent of Corporation registered after receipt of filing

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	NAME
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP
NAME	NAME
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CITY, ST, ZIP	CITY, ST, ZIP

14. I, *Cristina De Zayas*, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Chapter 119, 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 and result under laws that have no effect or change of the corporation or the manner or method employed to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 1, or Block 13 as appropriate, or on an attachment with an address.

SIGNATURE:

Cristina De Zayas
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR