

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

FILED
Mar 26 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000007770 (7)

1. Corporation Name
CABRERIZO FAMILY HOLDINGS, INC.

Principal Place of Business
9800 N.W. 78TH AVE.
HIALEAH GARDENS FL 33016

Mailing Address
% BEDZOW KORN & KAN. P.A.
P.O. BOX 8020
HALLANDALE FL 33008-8020



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/30/1995	3a. Date of Last Report 06/25/1996
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0566420	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
WOLFE, RICHARD C
20803 BISCAYNE BLVD.
SUITE 200
AVENTURA FL 33180

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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: (NOTE - Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	DPT CABRERIZO, TOMAS	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	9800 N.W. 78TH AVE.	12. NAME	
13. STREET ADDRESS	HIALEAH GARDENS FL 33016	13. STREET ADDRESS	
14. CITY - ST - ZIP	DVS	14. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. NAME	CABRERIZO, VIVIAN	21. TITLE	
16. STREET ADDRESS	9800 N.W. 78TH AVE.	22. NAME	
17. CITY - ST - ZIP	HIALEAH GARDENS FL 33016	23. STREET ADDRESS	
18. TITLE		24. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. NAME		31. TITLE	
20. STREET ADDRESS		32. NAME	
21. CITY - ST - ZIP		33. STREET ADDRESS	
22. TITLE		34. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. NAME		41. TITLE	
24. STREET ADDRESS		42. NAME	
25. CITY - ST - ZIP		43. STREET ADDRESS	
26. TITLE		44. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27. NAME		51. TITLE	
28. STREET ADDRESS		52. NAME	
29. CITY - ST - ZIP		53. STREET ADDRESS	
30. TITLE		54. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. NAME		61. TITLE	
32. STREET ADDRESS		62. NAME	
33. CITY - ST - ZIP		63. STREET ADDRESS	
34. TITLE		64. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Date: 3/20/97

CR2E034 (9/96)