## 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

Dayame Phone # 0180040

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000021067 (0)

C. G. CRESPO, INC.

Principal Place of Business Mailing Address  1407 PIZARRO STREET 1407 PIZARRO STREET  CORAL GABLES FL 33134-3621 CORAL GABLES FL 33134-3621								
					3. Date Incorporated or Qualified 03/15/1995		of Last Re 1/1996	eport
2. Principal P	lace of Business	2a. Mailing Address		· · · · · · · · · · · · · · · · · · ·	4, FEI Number		Ap	ptied For
21		26			65-0564508		<del></del>	t Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
Crty & State	e	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t	
7ip	Country	Zip	Country		8. This corporation has liability for	intangible to	<del></del>	
24	25	29 30			Florida Statutes Yes No			
	g, Name and Address of Current	Registered Agent			10, Name and Address of New Ri	egištered A	gent .	
CRE	SPO, C.G.		81	Name				)
1407 PIZARRO STREET				Street Add	ress (P.O. Box Number is Not Accepte	ble)		
CORAL GABLES FL 33134-3621			82					
			83					
			84	City		FL	<b>85</b> Zip (	Code
41 Purcuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statut	les the shove	named corr	poration submits this statement for the		hanging it	s registered
office or r	egistered agent, or both, in the State	of Florida. Such change was	authorized by	the corpora	tion's board of directors. I hereby acce	pt the appo	ntment as	registered
l agent. La	m familiar with, and accept the obliga	tions of, Section 607.0505, Fli	orida Statutes					
SIGNATURE	Signature, typed or printed name of registered agen	Land tire if applicable (NOT	E: Registered Age	nt signature regul	red when reinstating)	DATE		
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.		ADDITIONS/CHANGES TO OFFI		DIRECTOR	S IN 12
TITLE	P	DELETE	1.1 TITLE	i i			Change	Addition
NAME	CRESPO, CONNIE G		1.2 NAME					
STREET ADDRESS	1407 PIZARRO STREET		1.3 STREET	ADDRESS				
CITY-S1-ZIP	CORAL GABLES FL 33134-362	1	1.4 CITY - 5"	T-21P				
TITLE	V DELETE		21 TITLE				Change	Addition
NAME	Crespo, Fernanda M		2.2 NAME	1				
STREET ADDRESS	1407 PIZARRO STREET		2.3 STREET	ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL 33134-362	1	2. 4 CITY-S	it-ZIP				_
THILF	\$	DELETE	31 TITLE				Change	Addition
NAME	CRESPO, MONSERRAT M		3.2 NAME	}				
STREET ADDRESS	1407 PIZARRO STREET		3.3 STREET	ADDRESS				
CITY - ST - ZIP	CORAL GABLES FL 33134-362		3.4. CITY+ \$	T-ZIP				
TITLE	D _	DELETE	4.1 TITLE				Change	☐ Addition
NAME	CRESPO, VERONICA A		4. 2 NAME	ĺ				
\$TREET ADDRESS	1407 PIZARRO STREET	_	4,3 STREET	ADDRESS				
CITY+\$T-ZIP	CORAL GABLES FL 33134-362		4.4 CITY - S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Ţ	Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				l
CITY-S1-ZIP			5.4 CITY-S	1-ZIP			<del></del>	
DITE		DELETE	61 TITLE	1			Change	Addition
NAME			62 NAME	İ				
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST	Y-ZIP				

4. 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 Statufes. 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.