

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

FILED

May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000032793 (8)

1. Corporation Name

C & M BUSINESS SERVICES, INC.

Principal Place of Business

12000 BISCAYNE BLVD. STE 304
MIAMI FL 33181

Mailing Address

12000 BISCAYNE BLVD. STE 304
MIAMI FL 33181



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/24/1995	
21		26		4. FEI Number 65-0617423	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ROBERT L. JAMERSON, JR., P.A.
2655 LEJEUNE ROAD
PENTHOUSE II
CORAL GABLES FL 33134

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	PS
NAME	GALHA, MARCILO RIZZO	1.2 NAME	GALHA, MARCELO RIZZO
STREET ADDRESS	9344 BAY DRIVE	1.3 STREET ADDRESS	1540, Cleveland Rd
CITY-ST-ZIP	SURSIOL FL 33154	1.4 CITY-ST-ZIP	Miami Beach, FL 33141
TITLE	VPT	2.1 TITLE	VPT
NAME	GALHA, CREUZA COSTA	2.2 NAME	GALHA, CREUZA COSTA
STREET ADDRESS	9344 BAY DRIVE	2.3 STREET ADDRESS	1540, Cleveland Rd
CITY-ST-ZIP	SURSIOL FL 33154	2.4 CITY-ST-ZIP	Miami Beach, FL 33141
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *marcelo r. galha* MARCELO R. GALHA 5/12/98 (305) 857-7843

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