FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P95000050698 (6)

1. Corporation Name

CC CYPRESS, INC.

Principal Place of Business
65 NW 168TH STREET
NO. MIAMI BEACH FL 33169

Mailing Address
65 NW 168TH STREET
NO. MIAMI BEACH FL 33169

3. Date Incorporated or Qualified: **06/23/1995**

3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 650590607 — 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

9. Name and Address of Current Registered Agent

BEHAR, SABY
65 NW 168TH STREET
NO. MIAMI BEACH FL 33169

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 of Registered Agent or Officer of Registered Agent Corporation — DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	KASSIN, ROBERTO	
STREET ADDRESS	65 NW 168TH STREET	
CITY-ST-ZIP	NO. MIAMI BEACH FL 33169	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	SABY BEHAR	
2.3 STREET ADDRESS	65 NW 168th Street	
2.4 CITY-ST-ZIP	N.Miami Beach, FL 33169	
3.1 TITLE	BRUCE R. JARVIS DIRECTOR	☐ Change ☒ Addition
3.2 NAME	65 NW 168th Street	
3.3 STREET ADDRESS	N.MIami Beach, FL 33169	
3.4 CITY-ST-ZIP		
4.1 TITLE	GRANVIL IRACY DIRECTOR	☐ Change ☒ Addition
4.2 NAME	65 NW 163th Street	
4.3 STREET ADDRESS	N.Miami Beach, FL 33169	
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS	600001872356	
5.4 CITY-ST-ZIP	-06/24/96--01015--025	
6.1 TITLE	***200.00	☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

5-1-96

14. I do hereby certify that the information supplied within this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 a 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 is added in Block 13 with an address.

SIGNATURE: Saby Behar — SABY BEHAR 4/29/96 305/654-1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)