

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

FILED

May 16 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 # P95000051566 (4)

1. Corporation Name
C.C.T.A. III SERVICES, INC.

Principal Place of Business
19470 N.W. 8TH ST.
PEMBROKE PINES FL 33029

Mailing Address
19470 N.W. 8TH ST.
PEMBROKE PINES FL 33029-3257



3. Date Incorporated or Qualified 07/03/1995
3a. Date of Last Report 05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PIEDRA, AURELIO A III -
780 N.W. 42ND AVE. -
SUITE 516 -
MIAMI FL 33125

81 Name
HOLBROOK, FRANCINE D.
82 Street Address (P.O. Box Number is Not Acceptable)
1600 South Bayshore Lane
83 Suite # 2 B
84 City
Miami
85 Zip Code
FL 33133

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)

4/23/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CRUZ, CLEMENTE J
STREET ADDRESS 19470 N.W. 8TH ST.
CITY-ST-ZIP PEMBROKE PINES FL 33029

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME CRUZ, TERESA
STREET ADDRESS 19470 N.W. 8TH ST.
CITY-ST-ZIP PEMBROKE PINES FL 33029

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD V
NAME CRUZ, CLEMENTE E
STREET ADDRESS 1224 S.W. 126TH TERRACE
CITY-ST-ZIP SUNRISE FL 33323

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD V
NAME CRUZ, ANGEL
STREET ADDRESS 1021 S.W. 177TH WAY
CITY-ST-ZIP PEMBROKE PINES FL 33029

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DV
NAME HOLBROOK, FRANCINE D.
STREET ADDRESS 1600 South Bayshore Lane #2B
CITY-ST-ZIP Miami, Florida 33133

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: FRANCINE D. HOLBROOK, VICE PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/97 (905) 858-7054

Date Daytime Phone #

CP2E034 (9/96)