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 # **P95000055689 (0)**

1. Corporation Name

C L & F ASSOCIATES CORPORATION

Principal Place of Business	Mailing Address
10820 SW 32ND STREET MIAMI FL 33165	10820 SW 32ND STREET MIAMI FL 33165

3. Date Incorporated or Qualified: **07/17/1995**
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 8333 NW 12 St	26 8333 NW 12 St
Suite, Apt. #, etc. 22 # 152	Suite, Apt. #, etc. 27 # 152
City & State 23 Miami, Fl.	City & State 28 Miami, Fl.
Zip / Country 24 33126 / 25 U.S.A.	Zip / Country 29 33126 / 30 U.S.A.

4. FEI Number: 65-0612190 ☐ 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

VALDERRAMA, CARLOS A
10820 SW 32ND STREET
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name: Carlos A. Valderrama
82 Street Address (P.O. Box Number is Not Acceptable): 8333 NW 12 St, #152
83
84 City: Miami **FL** 85 Zip Code: 33126

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: _____ Carlos A. Valderrama March 29, 1996
Signature, typed or printed name of Registered Agent and title, if applicable (NOTE: Registered Agent Signature Required When Filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VALDERRAMA, CARLOS A 10820 SW 32ND STREET MIAMI FL 33165 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Carlos A. Valderrama 8333 NW 12 St, #152 D, Pres, Sec Miami, Fl 33126 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Vice-President Carlos E. Saldias Libertadores 737 Lima-Peru ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with 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 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: _____ Carlos A. Valderrama March 29, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
Daytime Phone #