

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

FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

8333 NW 12TH ST  
SUITE 152  
MIAMI FL 33126  
US

Mailing Address

8333 NW 12TH STREET  
SUITE 152  
MIAMI FL 33126  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1995

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 8500 SW 8 St.

Suite, Apt. #, etc.

22 Suite 222

City & State

23 Miami FL

Zip

24 33144

Country

25 USA

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

VALDERRAMA, CARLOS A  
8333 NW 12TH STREET,  
SUITE 152  
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name Carlos A. Valderrama

82 Street Address (P.O. Box Number is Not Acceptable)  
8500 SW 8 St.

83 Suite 222

84 City Miami

FL

85 33144

11. Pursuant to the provisions of Sections 607.002 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, as permitted by 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

Carlos A. Valderrama P.D. 4-1-98.

12. OFFICERS AND DIRECTORS

TITLE D  
NAME VALDERRAMA, CARLOS A  
STREET ADDRESS 8333 NW 12TH STREET, SUITE 152  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE VP  
NAME SALDIAS, CARLOS E  
STREET ADDRESS LIBERTADORES 737  
CITY-ST-ZIP LIMA PE ☐ DELETE

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 P.D.  
1.2 NAME Carlos A. Valderrama  
1.3 STREET ADDRESS 8500 SW 8 St. Suite 222  
1.4 CITY-ST-ZIP Miami FL 33144 ☒ Change ☐ Addition

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 addition with an address.

SIGNATURE: Carlos A. Valderrama P.D. 4-1-98 3055540507

CR2E034 (10/97)