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PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9500066334 (0)

C & C INTERNATIONAL TRADING COMPANY

FILED Feb 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2405 N.W. 64TH STREET 2405 N.W. 64TH STREET **BOCA RATON FL 33496** BOCA RATON FL 33496 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/28/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 27 10341 BUENA VENTURADR. SAME 65-0608520 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5, Certificate of Status Desired \Box Fee Required 22 City & State City & State 8. Election Campaign Financing \$5.00 May Be BOCA RATON 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Country U. S.A. Country Personal Property Tax due June 30. 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CRAVINHOS, CELSO B 2405 N.W. 64TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33496** 83 84 City Zip Code 85 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. Thereby 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 4 applicable (NOTC Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition Change TITLE 1.1 TITLE CAVINHOS, CELSO B 12 NAME NAME CR2E034 2405 N.W. 64TH STREET STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33496** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 32 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP DELETE Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST- ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE S 1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing floes 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 corpulation or the receiger 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 change an address 5/9X (SW1X82-969)