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Mar 21 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 # P95000082223 (5)

1. Corporation Name
CESAR C. CRUZ & ASSOCIATES, INC.



Principal Place of Business
2820 SW 129TH AVE
MIAMI FL 33175

Mailing Address
2820 SW 129TH AVE
MIAMI FL 33175-2014

3. Date Incorporated or Qualified 10/23/1995
3a. Date of Last Report 03/15/1996

21. Principal Place of Business
19211 S.W. 36 ST.
State, Apt. #, etc.

2a. Mailing Address
19211 S.W. 36 ST.
Suite, Apt. #, etc.

4. FEI Number 65-0626947
Applied For Not Applicable

22. City & State
MIAMI, FLA.

27. City & State
MIAMI, FLA

5. Certificate of Status Desired \$8.75 Additional Fee Required

23. Zip 33175 Country U.S.A.

28. Zip 33175 Country U.S.A.

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24. 9. Name and Address of Current Registered Agent

30. 10. Name and Address of New Registered Agent

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

NICOLAS FERNANDEZ, P.A.
2855 LEJEUNE ROAD PH-1D
CORAL GABLES FL 33134

81 Name CESAR C. CRUZ
82 Street Address (P.O. Box Number is Not Acceptable) 19211 S.W. 36 STREET
83
84 City MIAMI FL 85 Zip Code 33175

11. Pursuant to the provisions of Sections 607.0504 and 607.0505, 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 _____ DATE 3/15/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

1.1 TITLE	D	<input type="checkbox"/> DELETE
1.2 NAME	CRUZ, CESAR C	
1.3 STREET ADDRESS	2820 SW 129TH AVE	
1.4 CITY - ST - ZIP	MIAMI FL 33175	
2.1 TITLE	D	<input type="checkbox"/> DELETE
2.2 NAME	CRUZ, JULIA E	
2.3 STREET ADDRESS	2820 SW 129TH AVE	
2.4 CITY - ST - ZIP	MIAMI FL 33175	
3.1 TITLE		<input type="checkbox"/> DELETE
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> DELETE
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> DELETE
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> DELETE
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CRUZ, CESAR C.	OF ADDRESS
1.3 STREET ADDRESS	19211 S.W. 36 ST.	
1.4 CITY - ST - ZIP	MIAMI, FLA 33175	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CRUZ, JULIA E.	OF ADDRESS
2.3 STREET ADDRESS	19211 S.W. 36 STREET	
2.4 CITY - ST - ZIP	MIAMI, FLA 33175	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 supplement, 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: _____ DATE 3/15/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President (305) 559-9359

CR2E034 (9/96)