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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 Mailing Address
2820 SW 129TH AVE MIAMI FL 33175

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

21. Principal Place of Business 14211 S.W. 36 ST. State, Apt. #, etc.	22. City & State MIAMI, FLA.	23. Zip 33175	24. Country U.S.A.	25. City & State MIAMI, FLA.	26. Mailing Address 14211 S.W. 36 ST. Suite, Apt. #, etc.	27. City & State MIAMI, FLA.	28. Zip 33175	29. Country U.S.A.	30. FET Number 65-0626947	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. Additional Fees Required \$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent
**NICOLAS FERNANDEZ, P.A.
2855 LEJEUNE ROAD PH-1D
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name CESAR C. CRUZ	85 Zip Code 33175
82 Street Address (P.O. Box Number is Not Acceptable) 14211 S.W. 36 STREET	
83	
84 City MIAMI	85 State FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OF ADDRESS
1.2 NAME CRUZ, CESAR C		1.2 NAME CRUZ, CESAR C.	
1.3 STREET ADDRESS 2820 SW 129TH AVE		1.3 STREET ADDRESS 14211 S.W. 36 ST.	
1.4 CITY- ST- ZIP MIAMI FL 33175		1.4 CITY- ST- ZIP MIAMI, FLA 33175	
2.1 TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OF ADDRESS
2.2 NAME CRUZ, JULIA E		2.2 NAME CRUZ, JULIA E.	
2.3 STREET ADDRESS 2820 SW 129TH AVE		2.3 STREET ADDRESS 14211 S.W. 36 STREET	
2.4 CITY- ST- ZIP MIAMI FL 33175		2.4 CITY- ST- ZIP MIAMI, FLA 33175	
3.1 TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP		3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP		4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP		5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP		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** (305) 559-4359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President**

CR2E034 (9/96)