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

PROFIT . CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000039749 1. Corporation Name

C & R NETWORK, INC.

Principal Place	of Business		Mailing Address 19501 WESTLAKE DRIVE MIAMI FL 33015					
427 E 47 STREE HIALEAH FL 330								
2. Principal Pl	ace of Business		2a. Mailing Address					
21	4 -14	26	Suite, Apt #,	-10				
Suite, Apt. #	, etc	27	Suite, Apt #,	etc				
City & State		28	City & State					
Zip	Country		Zip	Country				
24	25	29		30				
	9. Name and Addres	s of Current Regi	stered Agent					
				81 Name				

FILED Katherine Harris 00 N @ 26 MI 8: 55

THE MARY OF STATE



Principal Place	e of Business	Mailing Address					
427 E 47 STREET		19501 WESTLAKE DRIVE					
HIALEAH FL 33	013	MIAMI FL 33015			DO NOT WRITE IN THI	e edace	
					3. Date Incorporated or Qualified	3 SEACE	
					05/03/1996		ĺ
2. Principal Pl	ace of Business	2a. Mailing Address			4, FE) Number	LTAn	plied For
a)		26		65-0662665	\$	t Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.			\$8.75		
2		[27]	27		5 . Certificate of Status Desired []	Fee Re	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00	May Be
3		28		Trust Fund Contribution Added to Fees			
Z _f p Country		Ζφ	Zip Country		8. This corporation owes the current year Intangible		
25					Personal Property Tax [1Yes [1No		
	9. Name and Address of Current	t Registered Agent		l	10. Name and Address of New Registered	l Agent	
ACO.	STA EISA		81	Name			
ACOSTA, ELSA 427 E 47 STREET			82	Street Add	Iress (P.O. Box Number is Not Acceptable)		
HIALEAH FL 33013							
THAL	CALL & 50013		83				Ì
			84	City		. 85 Zip C	Code
			[Į F Į	L	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes of Florida, Such change was aut	s, the above horized by	e named corp the comorati	poration submits this statement for the purpose of ion's board of directors. Thereby accept the appr	of changing its pintment as re-	registered gistered
	n familiar with, and accept the obligat					. ,	
SIGNATURE							
	Signature, typed or printed name of registered agent OFFICERS ANI		i	d begin above respoire	od when remailed to DATE ADDITIONS/CHANGES TO OFFICERS A	NO DIDECTO	
12. TITLE	PVPD	[] DELETE	13.	ſ	ADDITIONS CHANGES TO OFFICERS A	Change	[] Addition]
NAME	GALVIN, CELIA I	2.000	12 NAME				, ,
STREET ADDRESS	19501 WESTLAKE DRIVE			FADDRESS	გიიიღვგწმ		
CITY-ST-ZIP	MIAMI FL 33015		1.4 CITY - S	i	-05/04/99	U1082	1166 50.00
TITLE	CST	DELETE	2171114	1.74	****150.00	↓	nordet Ald too
NAME	GALVIN, II, RAYMOND J		2.2 NAME				
STREET ADDRESS	19501 WESTLAKE DRIVE			ADDRESS.			Ì
CITY-ST-ZIP	MIAMI FL 33015		2 4 CiTy - 5	1			
TITLE	100010	[] DELETE	3 1 THILE			[Change	[] Addition
NAME			3.2 NAME	1			
STREET ADDRESS)				LADORESS			
CITY-ST-ZIP			34 CiTY-5	iT-24*			ļ
TITLE		DELETE	4.1 Tift E			[] Change	Addition
NAME			4 2 NAME				
STREE I ADDRESS			43 STREE	ADORESS			
CITY ST-ZIP			4.4 CITY - S	1 - 211			
TITLE		[] DELETE	5 t TITLE]		[] Change	[] Addition
NAME \			5 ? NAME				
STREET ADDRESS			53 STREE	1 ADORESS			
CITY-ST-ZIP			5.4 CITY-S	F-21P			
TITLE		[] DELETE	€ 1 TIFLE	1		[] Change	[] Addition
NAME			62 NAME	{			
STREET ADDRESS			63 STREE	LADDRESS			110
-				i			(1/2)

14. Thereby 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 excupplemental annual report is the 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 officer or director of the officer or trustee physiowered 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 adjusses, with all other like empowered.

SIGNATURE:

GIGNING OFFICER OR DIRECTOR

305-859-7387