SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97; \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000043758 (7)

APPRUVEE AND FILED

97 SEP 22 AM 8: 47

SECRETARY OF STATE TALLAHASSEE, FLORIDA

C & W LATINO, INC.								r cokil	JĄ	
 										
Principal Place	e of Businoss	Mailing Address	at P	-1	Par l	1	1971 @9111 @1648	****** ******* *****)#H 1481	
ABOD MICHICA RTE: 1034	HAVE 603 Juncoln	RIE 1034	05 JUJU	coln	x occup					
Principal Place of Businoss Mailing Address Mailing Address						DO NOT WRITE IN THIS SPACE				
	mua Bok 331	39	•			3. Date Incorporated or Qualified	3a. Date	of Last Rep	ort	
						05/22/1996	<u> </u>			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			ied For	
21 26									Applicable	
Suite, Apt. #, etc.						5. Certificate of Status Desired		\$8.75 Add		
22 27						e Flactice Compaign Flagueing				
23 28						Election Campaign Financing Trust Fund Contribution	П	\$5.00 M Added to I		
Zip Country Zip			Countr	у		8. This corporation owes or has pa	aid the curre			
24 25 29 30				•		Personal Properly Tax due June 30. Yes No				
	9. Name and Address of Curre					10. Name and Address of New Re	gistered A	ent		
	URTNEY, CLIFF	Pollin aug Boh H. 331	81	Name						
	90 MICHIGAN AVE. 6301	Selection 32	1// 82	Street .	Address	(P.O. Box Number is Not Acceptal	ble)			
	: 1034 mic	1004 H. 201	' '			<u>'</u>				
MIA	WII BEACH FL 33139		83	3						
			84	City				85 Zip Co	de	
				<u></u>			<u>FL</u>	<u> </u>		
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	e of Florida. Such change was a	uthorized b	y the corp						
agent. I a	m familiar with, and accept the oblig	jations of, Section 607.0505, Flo	rida Statute	os		·		·	•	
SIGNATURE	Signature, typod or printed name of registered ag-	OKOTE	. Decretored As	nost signature	e toquired a	when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS			gork algrinitore	e required •	ADDITIONS/CHANGES TO OFFI		DIRECTORS	IN 12	
TITLE	D	DELETE	1.1 TITLE	1.1 TITLE			Ł	Change [Addition	
NAME			1.2 NAME	NAME						
STREET ADDRESS			1.3 STREE	1.3 STREET ADDRESS		01 Collins auen	ul		là	
CITY-ST-ZIP			1.4 CITY -	1.4 CITY-ST-ZIP 77		came BCA II.	0314	7	်	
TITLE			2.1 1111.5	TITLE			Change	Addition C		
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CITY-ST-ZIP	MIAMI FL 33137					ai Bch 41.	33/4			
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NAME	52		5.2 NAME	5.2 NAME		क्षी व	121		Ì	
STREET ADDRESS		5		5.3 STREET ADDRESS		19 7 A	· \			
CITY-ST-ZIP			5.4 CITY -	ST - ZiP	<u> </u>					
TITLE		☐ DECETE	6.1 TILLE			1997 01007 014 .00 \$ 165-00		Change	Addition	
NAME			6.2 NAME			• • • • • • • • • • • • • • • • • • • •				
STREET ADDRESS			6.3 STREE	T ADDRESS	*330	.00 \$ 165-00				
CITY-ST-ZIP			6.4 CITY-	SI-ZIP]	7		orlifer that the		

. 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 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 frustee 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.

STATE OF THE STATE

able 308-535-8201