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

Mailing Address

MIAMI FL 33143-7429

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

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PROFIT CORPORATION ANNUAL REPORT

1997

7344 SOLITHWEST B2 STREET, SUITE C107

appears in Block 12 or Block 1

SIGNATURE:

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

MIAMI FL 33143

21

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

7344 SOUTHWEST 82 STREET. SUITE C107

DOCUMENT # P96000059481 (7)

C&R ENTERPRISES INTERNATIONAL, INC.

Added to Fees Trust Fund Contribution 23 28 Country Country Zip This corporation has liability for intangible tax under s. 199.032, 🛣 Yes 🔲 No 29 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name AMERILAWYER CHARTERED 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 84 City Zip Code 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE organia e i typo i or piaited name of regeterio agent and title it applicable. (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) (6) 12 OFFICERS AND DIRECTORS 13. PTD Change ___ Addition DELETE 1.1 TITLE TULLE SALINAS, CESAR A 1.2 NAME NAME 7344 SOUTHWEST 82 STREET, SUITE C107 1.3 STREET ADDRESS STREE! APORESS **MIAMI FL 33143** 1.4 CITY - ST - ZIP CUTY - \$1 - 20F VSD Addition Change DELETE 2.1 TITLE TOTAL PARRA DEL RIEGO, RICARDO S 2.2 NAME NAME 7344 SOUTHWEST 82 STREET, SUITE C107 2 3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33143** 2 4 CITY-ST-ZIP CHTY-ST-Z0 Change Addition DELETE 3.1 TITLE Title 3.2 NAME NAME **33 STREET ADDRESS** STREET ADDRESS 3.4. CITY - ST-ZIP C(1Y - \$1 - Z4) Change Addition DELETE 4.1 TITLE HILE 4. 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY ST ZIP DELETE Change Addition 5.1 TITLE BILLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - \$1 - 76° Addition DELETE Change 6.1 TITLE THE 62 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY - ST - ZIP (:11Y - ST - 7/P Id with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the supplemental agricular report is true and accurate and that my signature shall have the same legal effect as if made under oath; that for the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 14. I do hereby certify that the information supplication indicated on this annual report of I am an afficer or director of the corporation of

RECHRED

FILED Mar 12 1997 8:00am Secretary of State

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable



3. Date Incorporated or Qualified 07/16/1996

5. Certificate of Status Desired

8. Election Campaign Financing

65-069000

4. FEI Number