

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90018 036 ***158.75

DOCUMENT # P96000081423

1. Corporation Name
CWC & ASSOCIATES, INC.

Principal Place of Business
19301 WEST ST. ANDREWS DR
MIAMI FL 33015

Mailing Address
19301 WEST ST. ANDREWS DR
MIAMI FL 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1996

4. FEI Number

65-0706994

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 150 SE 2nd Avenue

Suite, Apt. #, etc.

22 Suite 913

City & State

23 Miami, FL

Zip

24 33131

Country

25 USA

2a. Mailing Address

26 150 SE 2nd Avenue

Suite, Apt. #, etc.

27 Suite 913

City & State

28 Miami, FL

Zip

29 33131

Country

30 USA

9. Name and Address of Current Registered Agent

HARVEY, FRANK
3050 BISCAYNE BLVD.
SUITE 600
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name

Leslie W. Langbein

82 Street Address (P.O. Box Number is Not Acceptable)

20801 Biscayne Blvd, Suite 506

83

Aventura Corporate Center

84 City

Miami

FL

85 Zip Code

33180

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

Leslie W. Langbein

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/99

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME CURRY, CYNTHIA W

STREET ADDRESS 19301 WEST ST. ANDREWS DR

CITY-ST-ZIP MIAMI FL

TITLE VSM ☐ DELETE

NAME CURRY, III G P

STREET ADDRESS 19301 W ST ANDREWS DR

CITY-ST-ZIP MIAMI FL 33015

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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, with all other like empowered.

SIGNATURE:

Leslie W. Langbein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*

4/12/99

Date

(305) 372-2393

Daytime Phone #

CR2E034 (11/98)

0133068