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**

DOCUMENT # P97000053221

1, Corporation Name

C CONNECTIONS, INC.

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90231 027 ***150.00



Principal Place of Business Mailing Address						i intiiski tin intii tonit gorit dolit natti natti natus atian titin tinit i	##1 11B1 1BB1
16300 NE 19 AVE STE 224 16300 NE 19 AVE STE 224							
NO MIAMI BCH FL 33162		NO MIAMI BCH FL 33162			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed	
						06/12/1997	
2. Principal Place of Business 2a. Mailing Address							lied For
21	400 0. = +0	26				65-0764290 Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				_ \$8.75 Ar	dditional
22		27				5. Certificate of Status Desired Fee Rec	uired
City & State		City & State			6. Election Campaign Financing \$5.00 N	∧ay Be	
23		28				Trust Fund Contribution L. Added to	Fees
Zip Country		Zip	Zip Country			8. This corporation owes the current year Intangible	١ ١
24	25	29 30	0			1 dischart reports rest	No
	g. Name and Address of Curren	t Registered Agent		_		10. Name and Address of New Registered Agent	
			81		Name		
MEDINA, YANIRA			82	<u>:</u>	Street Addres	s (P.O. Box Number is Not Acceptable)	
16300 NE 19 AVE STE 224							
NO I	MIAMI BCH FL 33162		83	ا:			
			84	╁	City	85 Zip C	ode
			ŀ		-	FL	
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							
	Signature, typed or printed name of registered agen			ınt s	signature required w		20.41.40
12.		D DIRECTORS	13.	—		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Change	Addition
TITLE	D	□ pere ie	1.1 TITLE			Chango	[_] Addition
NAME	MEDINA, YANIRA		1.2 NAME				
STREET ADDRESS	16300 NE 19 AVE STE 224		1.3 STREE				
CITY-ST-ZIP	NO MIAMI BCH FL 33162		1.4 CITY-5		ZIP	Change	Addition
TITLE		☐ DELETE	2.1 TITLE			Change	
NAME			2.2 NAME		Ì		
STREET ADDRESS			2.3 STREE				
CITY-ST-ZIP .			2. 4 CITY-		ZIP	Change	☐ Addition
TILE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	ETAI	DDRESS	•	
CITY-ST-ZIP			3.4, CITY-	ST-	ZIP		
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME	Ė	1		
STREET ADDRESS			4.3 STREE	ET A	NDDRESS		
CITY-\$T-ZIP			4.4 CITY+	\$T-7	ZIP		
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				ļ
STREET ADDRESS	İ		5.3 STREE	ET AI	NDDRESS		}
CITY-ST-ZIP			5.4 CITY-	ST-Z	ZIP _		<u>.</u>
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
			63 STREE	ET A	INDRESS		

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 attack that I am an other like empowered.

6.4 CITY+ST+ZIP

SIGNATURE:

CITY-ST-ZIP