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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # DOZOGOS 1 1 1

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90008 032 ***150.00

1. Corporation Name P9/000055111							
C&C HOLDING OF MIAMI, INC.							
טמט חנ	PEDING OF MINNIN, 1190.			(ti Allas beine einne sonnt sons imm		
	•						
Principal Plac	o of Pusinoss	Mailing Address			JA BOTOR ĢIJON ILBOK PLAKE ILBO 1881		
		Mailing Address		,			
9101 N.W. 166 MIAMI FL 9901		8101 N.W. 1667H STREET MIAMI FL 93016			· -		
miram 1 L 3001	•	MINMI I L OUDIO		DO NOT WRITE IN THIS	S SPACE		
				3. Date Incorporated or Qualifed			
				06/23/1997			
2. Principal P	lace of Business	2a. Mailing Address	1.10	4. FEI Number	Applied For		
21 (00)	10 JW 14PAG	26 60/0 50	U/48 Ave	65-0761248	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
22		27		3. Continuate of Otatus Desired	Fee Required		
City & Stat	e/- , []	City & State	[6. Election Campaign Financing	\$5.00 May Be		
23 / 7	(AUD FI	28 FT /400	101	Trust Fund Contribution	Added to Fees		
Zip 24 2333	30 25 US	29 JSS30	Country 30	This corporation owes the current year fr Personal Property Tax.	ntangible No		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
Name Name							
PICCINONNA, CARLO			82 Street	Address (P.O. Box Number is Not Acceptable)			
8101 N.W. 166TH STREET MIAMI FL 33016				ou culture in the company			
MIAI	WI FL 33016		83				
			84 City		85 Zip Code		
				FJ	└		
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 agent		: Registered Agent signature in				
12.	PTD OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition		
TITLE	PICCINONNA, CARLO	D DELETE	1,1 TITLE		~ -		
NAME	8101-N.W. 166TH STREEP		1.2 NAME	Lam (w) 148 Au			
STREET ADDRESS	MIAMI FL 33016		1.3 STREET ADDRESS	6010 Sw 148AU)		
CITY-ST-ZIP TITLE	VPSD	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	121 1100 PT 33350	Change Addition		
	PICCINONNA, CONNIE		2.1 IIILE 2.2 NAME		Citarige _ Li Addition		
NAME	8101-N.W. 188TH STREET		•	Carlo WILLEAR			
STREET ADDRESS	MIAMLEL 33016		2.3 STREET ADORESS	6010 SW 148 Aug.	220		
CITY-ST-ZIP	IMIZMETE 33010	☐ DELETE	2.4 CITY-ST-ZIP	P1 1900 F1 323	☐ Change ☐ Addition		
TITLE NAME		(DELETE	3.1 TITLE 3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY- \$T-ZIP 4.1 TITLE		Change Addition		
					□ custide		
NAME STREET ADDRESS.			4.2 NAME 4.3 STREET ADDRESS		المحوصين المحايا		
1							
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition		
NAME		(5.2 NAME				
			5.3 STREET ADDRESS		•		
STREET ADDRESS CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition		
NAME		0	6.2 NAME		Courage Caracter		
STREET ADDRESS	<i>_</i>		6.3 STREET ADDRESS	•			
CITY-ST-ZIP			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:

SIGNATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

959-211-962)
Daytime Phone #

CR2E034 (11/98)