Applied For

:R2E034 (11/98)

FÎLE 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 #	P97000062452
Corporation Name	TO TOO TOOL TOE

CCC AIRWAYS, INC.

Principal	Place of	Business	-

Mailing Address

2a. Mailing Address

1110 BRICKELL AVE., STE. 609 MIAMI FL 33131

2. Principal Place of Business

1110 BRICKELL AVE., STE. 609 MIAMI FL 33131 APPROVED AND FILED

99 OCT - 1 PM 1:28

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

07/17/1997

4. FEI Number

[21]		[26]				65-0837113	Not Applicable
Suite, Ap	ot #, etc.	Suite 27	Apt. #, etc.	_		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & St	ate	City &	k State			6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Ζ ιρ —	Country	Zip		Country		8. This corporation owes the current year	r Intangible
24	25	29		30		Personal Property Tax.	☐Yes ☐No
	9. Name and Address of Cur	rent Registered	Agent			10. Name and Address of New Registe	red Agent
PO	RRO, CARLOS R			81	Name		
	10 BRICKELL AVE., STE. 609			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
	AMI FL 33131			L.			
MIN	WII FL 33131			83			
!				84	City		85 Zip Code
					- 1		-[_
11. Pursuar	nt to the provisions of Sections 607.0	502 and 607.150	8, Florida Statute	s, the above	e-named corpo	pration submits this statement for the purpos	e of changing its registered
office of agent I	r registered agent, or both, in the Sta am familiar with, and accept the obl	ite of Florida. Suc igations of, Sectio	h change was au n 607.0505. Flori	ithorized by ida Statutes	the corporation	n's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE		.g		-do Diaminos	•		
SIGNATURE	Signature, typed or printed name of registered	sgent and tille if applicab	le (NOTE:	Registered Agen	beriuper equired	when reinstating) DATE	
12.	OFFICERS	AND DIRECTOR		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	P		☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	PORRO, CARLOS R			1.2 NAME	ľ		
STREE! ADDRES	s 1110 BRICKELL AVE., STE. (309		1.3 STREET	ADDRESS		
CiTY-ST-ZIP	MIAMI FL 33131			1.4 CITY-ST	-ZIP		
TITLE	T		DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	HERREROS, ALBERTO P			2.2 NAME			
STREET ADDRESS		309		2.3 STREET	ADDRESS	40000301 -10/18/9	6314 1
CITY-S*-ZIP	MIAMI FL 33131			2.4 CITY-S		-10/18/93	∩~~Uluus~~Uls
TITLE	S	·	☐ DELETE	3.1 TITLE	, 24		Change Addition
NAME	XIRAU, JOSE J			3.2 NAME			
STREET ADDRESS		eno.		3.3 STREET	ANDRESS		
CITY-ST-ZIP	MIAMI FL 33131			3.4 CITY-S			
Title	THE WALL COLOR		DELETE	4.1 TITLE	1-2IF		☐ Change ☐ Addition
NAME				4. 2 NAME			Classide District
STREET ADDRESS	s			4.3 STREET	ADDRESS		İ
CITY-ST-ZIF]						_
TITLE			DELETE	5.1 TITLE	-ZP		Chand Of Blision
NAME				5.7 IIILE 5.2 NAME			Action Action
STREET ADDRESS				5.3 STREET	ADDRESS		/ 'N/~*
	Ĭ			5.4 CITY-ST			UN,
CITY-ST-ZIP TITLE		4.9	DELETE	6.1 TITLE	- 4.17		
NAME			C. VELLIL	6.2 NAME			☐ Coolege ☐ Addition
STREET ADDRESS				6.3 STREET	Annoces		\ land Ilan
	7			1		/	
CITY-ST-ZIP	certify that the information symplical			6.4 CITY-ST	· ZIF	,	

4. I nereby 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 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 empoyeered 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 affect made with an address, with all other like empowered.

SIGNATURE:

BIGNA FURE WIND TYPED OR PRINTED HAMS OF SIGNING OFFICER OR DIRECTO

9/10/99 (305) 358.899.