## 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 # P97000086186

1. Corporation Name

C & G CORPORATION=

## Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90210 026 \*\*\*150.00



Principal Place of Business Mailing Address					
3716 N.E. 168TH ST 3716 N.E. 168TH ST					`
SUITE 205 SUITE 205					DO NOT WEST #1 THE STATE
N MIAMI BEAC	N MIAMI BEACH FL 33160	MI BEACH FL 33160		DO NOT WRITE IN THIS SPACE	
Į.					3. Date Incorporated or Qualifed
}					10/07/1997
2. Principal P	Principal Place of Business 2a. Mailing Address				4. FEI Number Applied For
21	26				APPLIED FOR 65-0834007 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional
22 27					5. Certificate of Status Desired Fee Required
City & State . City & State					6. Election Campaign Financing S5.00 May Be
23 28					Trust Fund Contribution Added to Fees
			Country	<del></del>	This corporation owes the current year Intangible
<b>—</b>					Alexander and the second and the sec
24	25	29 30	<u>''</u> ———		
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered Agent
CLID	IEL GUSTAVO		[61	Name	
	CURIEL, GUSTAVO				Address (P.O. Box Number is Not Acceptable)
3716 N.E. 168TH STREET			82	L	,
	E 205		83		• •
N M	IAMI BEACH FL 33160	•			les l Zin Code
ļ			84	City	FL 85 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
	Signature, typed or printed name of registered agent			nt signature	required when reinstating)  DATE  APPLICATION OF HANCES TO DEFICE BY AND DIRECTORS IN 13
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
TITLE	Р	☐ DELETE	1.1 TITLE		Change Addition
-: NAME	CURIEL, GUSTAVO		1.2 NAME		المنافقة المنافذة المنافذ المنافذة المنافذة المنافذة المنافذة المنافذ المن
STREET ADDRESS	3716 NE 168TH ST. SUITE 205		1.3 STREE	T ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL 33160		1.4 CITY-S	T-ZIP	<u> </u>
TITLE	S	) DELETE	2.1 TITLE		VICE -PRESIDENT (V) Change Addition
NAME	GORRONDONA, BLANCA		2.2 NAME		
1	3716 NE 168TH ST. SUITE 205			TADDRESS	
STREET ADDRESS	ALMIANI BEACH EL COACO				1
CITY-ST-ZIP	N MIAMI BEACH FL 33160		2.4 CITY-1	si-ZIP	Change Addition
TITLE	<b>A</b>		3.1 TITLE		☐ Claude ☐ Addition
NAME	GORRONDONA, ADRIANA		3.2 NAME		
STREET ADDRESS	7557.255		3.3 STREE	T ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33064		3.4. CITY-	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	·		4.2 NAME		
)				TADDRESS	
STREET ADDRESS					ή
CITY-ST-ZIP	<u></u>	□ acicte	4.4 CITY-5	I-ZIP	Change Addition
TITLE		☐ DELETE	5.1 TITLE		Countries Chamber
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	TADDRESS	
C/TY-ST-ZIP			5.4 CITY-5	T-ZIP	
-TITLE		DELETE ===	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE	T ADDRESS	
			6.4 CITY-5		
CITY-ST-ZIP		_	U.9 (J11) - 3	11-4IF	

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information out is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an lee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an address, with all other like empowered. 14. I hereby certify that the information indicated on this annual report of officer or director of the corporation Block 12 or Block 13 if changed, o

SIGNATURE: 4