

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

FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000093971 (4)

1. Corporation Name
C & C SPRAY, INC.

Principal Place of Business
2210 WEST 74TH STREET
#101N
HIALEAH FL 33016

Mailing Address
2210 WEST 74TH STREET
#101N
HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8725 N.W. 117th BAYH Suite, Apt. #, etc. 22 BAY #1 City & State 23 Mableton, Georgia Zip 24 33016		2a. Mailing Address 25 8725 N.W. 117th Suite, Apt. #, etc. 26 BAY #1 City & State 27 Mableton, Georgia Zip 28 33016		3. Date Incorporated or Qualified 11/03/1997	
29 33016		30 Florida		4. FEI Number 650796449	
9. Name and Address of Current Registered Agent CALLEJA, SERGIO T 2210 WEST 74TH STREET #101N HIALEAH FL 33016		10. Name and Address of New Registered Agent		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		83	
84 City		85 Zip Code		86	

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]* JORGE CAYON DATE: 1/8/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	CALLEJA, SERGIO T	1.2 NAME	
STREET ADDRESS	2210 WEST 74TH STREET #101	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33016	1.4 CITY-ST-ZIP	
TITLE	SVTD	2.1 TITLE	
NAME	CAYON, JORGE	2.2 NAME	
STREET ADDRESS	2210 WEST 74TH STREET #101	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33016	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		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.

SIGNATURE: *[Signature]* JORGE CAYON DATE: 1/8/98 8281213