CORPORATION

ANNUAL REPORT

1999

PROFIT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P98000105300**1. Corporation Name

C. & P. AMERICAI	I INVESTMENT, CO)RP.							
Principal Place of Busines	3	Malling Address				1 (384) 881 (18 Ma) 1914 3811 8811 8811 881		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
7307 N.W. 79TH TERRACE 7307 N.W. 79TH TERRACE MIAMI FL 33166 MIAMI FL 33166				,		DO NOT WRITE IN THIS SI	PACE		
						3. Date incorporated or Qualifed			į
						12/18/1998			
2. Principal Place of Busin	1985	2a. Mailing Address				4, FEI Number	 -	_	ied For
m		26				65-0882275	<u> </u>		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	-	DACI PASSE	ditional
2		27							
City & State -		City & State				B. Election Campaign Financing	-		lay Be
3		28				Trust Fund Contribution		ded to	FBUS
Zip	Country	Zip	_	ıntry		8. This corporation owes the current year Intan	igible ∐Yes	_	JNo I
4	25	29	30	,		Personal Property Tax. 10. Name and Address of New Registered Agency Property Tax.			
9. Name	and Address of Current	Registered Agent		81	Name	IV. Hame the weekens of the reflictered W			
CARAL ARTHR) .			["]			_		
CABAL, ARTURO 7307 N.W. 79TH				82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
/30/ NLW. 7910 MIAMI FL 33166	IENTANE					· · · · · · · · · · · · · · · · · · ·			
MIAMI PL 33100				83	Į	<u></u>			
				B4	City	FL	85	Zip Co	ode
	or printed name of registered agent OFFICERS AND		TE: Registered		il signature require	ADDITIONS/CHANGES TO OFFICERS AND	DIRE	CTOR	S IN 12
12. FILE PSD	OFFICERS MAC	DELETE	1,1 T	_			Cha		Addition
FITE PSD VAME CABAL, A	חמו ודכ	—	12 N					<i>:</i>	
	79TH_TERRACE				TADORESS				ļ
				TY-S		•			
CITY-ST-ZIP MLAMI FL. TITLE VD	30100	DELETE	217				Cha	nge	Addition
NAME PINEDA, Y	OI ANDA		22 N	AME					
	79TH TERRACE				TADORESS				į
CITY-ST-ZIP MIAMI FL				XTY-S					
TITLE		_ D.DELETE		TILE .			Cha	ınge	☐ Addition-
NAME	<u>-</u>		32 N	AME					Ì
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CITY-ST-ZIP			3.4.0	TY-S	ST-ZIP				
TITLE		☐ DELETE	4.1 Ti				Cha	inge	Addition
NAME	_		4.21	WE					
STREET ADDRESS		•	4.3 \$	TREET	TADORESS				ļ
CITY-ST-ZIP			440	ภษร	T-Z3P		=		CT 4 4 (34
TILE		☐ DELETE					Cha	ınge	Addition
NAME			5.2 N	AME					ļ
STREET ADDRESS									
CITY-ST-ZIP			5.3 \$	TREE	TADDRESS				}
TITLE			540	TTY-5			=1~		- Admin
		DELETE	5.4 C 6.1 T	TY-S			☐ Cha	inge	Addition
NAME		☐ DELÉTE	5.4 C 6.1 T 6.2 N	TY-S' TILE VAME	T-ZIP		□ Cha	ınge	Addition
NAME STREET ADDRESS		☐ DELETE	5.4 C 6.1 T 6.2 N	TY-S' TILE VAME			☐ Cha	inge	Addition

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 reporter supplemental annual peport is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

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Mar 29, 1999 8:00 am Secretary of State 03-29-1999 90102 041 ***150.00