

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

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Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S09496 (8)

1. Corporation Name
CC INTERNATIONAL PUBLISHING, INC.

Principal Place of Business 1680 SOUTHWEST BAYSHORE BLVD. PORT ST. LUCIE FL 34984-3568	Mailing Address 1680 SOUTHWEST BAYSHORE BLVD. PORT ST. LUCIE FL 34984-3568
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 901 Ponce De Leon Blvd Suite, Apt. #, etc. 22 Suite 901 City & State 23 Coral Gables FL Zip 24 33134		2a. Mailing Address 26 901 Ponce De Leon Blvd Suite, Apt. #, etc. 27 Suite 901 City & State 28 Coral Gables FL Zip 29 33134		3. Date Incorporated or Qualified 10/29/1990	
25 USA		30 USA		4. FEI Number 65-0226715 Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SCHWEIGER, ROBERT L. 1680 SOUTHWEST BAYSHORE BLVD. PORT ST. LUCIE FL		10. Name and Address of New Registered Agent 81 Name MARIA ELENA RUBIO 82 Street Address (P.O. Box Number is Not Acceptable) 901 PONCE DE LEON BLVD. 83 Suite 901 84 City Coral Gables FL 85 Zip Code 33134	
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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 *Maria Elena Rubio* MARIA ELENA RUBIO 3/27/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHWEIGER, ROBERT L. 1680 S.W. BAYSHORE BLVD. PORT ST. LUCIE FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P JAIME OROZCO 901 Ponce De Leon Blvd. #901 Coral Gables, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BIRKFELD, ROBERT 1680 SW BAYSHORE BLVD. PORT ST. LUCIE FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	T/S MARIA ELENA RUBIO 901 PONCE DE LEON BLVD. #901 Coral Gables, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OROZCO, JAIME 901 PONCE DE LEON BLVD STE 901 CORAL GABLES FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	V GABRIEL BOTERO 901 Ponce De Leon Blvd #901 Coral Gables FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ASHE, DAVID 901 PONCE DE LEON BLVD, STE 901 CORAL GABLES FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	V DARIO ASHE 901 Ponce De Leon Blvd. #901 Coral Gables FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Maria Elena Rubio* MARIA ELENA RUBIO 3/27/98 305 4486875

CR2E034 (10/97)