DOCUI 1. Entity Name C.C.E.T.		R			FILED Jul 13, 2000 8:00 am Secretary of State				
Principal Place	e of Business	Mailing Address			†		90107 047		
3050 BISCAYNE BLVD. STE 202		3050 BISCAYNE BLVD. STE 202							
MIAMI FL 33137 US		MIAMI FL 33137 US							
	and of Divisions								15 for 511
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Numb	er 65-0291	690		oplied For
Zip Country		Zip	Country		5 Certificate	of Status Desired	<u> </u>	8.75 Add	ot Applicable ditional
<u>. </u>	6. Name and Address of Current Re	raistered Agent		f		Address of Nev	— Fe	e Require	d
	o. Hamo and Address of Carrent He	giatorda Agerri		Name U.A.		2EL 16	_		
	IATO, RICHARD T.			Street Address	(P.O. Box Numb	er is Not Accepta	ble)	<u></u>	
	Land & Donato Davie Blvd. Extension			14452	SW	138 A	JENUE_		
HOL	LYWOOD FL 33024			City				Zip Cod	e
	named entity submits this statement for the	7	FILE			FL	Zip Code 33	186	
SIGNATURE _ 9. This corpo	Signal proper or according to the state of t	Glines itte it expression g /e 539 FILE NOW		d Agent signature require		ection Campaign	-H/ox/0	, , , , , ,	
Tax filing requirement and elects to do so. (See criteria on back)		After SEPTEMBER 13, 2000 Min. will be \$75 Make Check Payable to Department of Sta			70.00 Trust Fund Contribution Added to Fees				
1,1.	OFFICERS AND DI	RECTORS Delete	12.	:	ADDITIONS	/CHANGES TO O		IRECTORS Change	S IN 11
NAME STREET ADDRESS	CAMPAGNA, FELICE 2860 PADDOCK ROAD		NAM STRE	EET ADDRESS				J onengo	
CITY-ST-ZIP TITLE	FT. LAUDERDALE FL	□ Delete	TITLE	-ST-ZIP				Change	☐ Addition
NAME	·		NAM	E			_		
STREET ADDRESS CITY-ST-ZIP		*	,	ET ADDRESS -ST-ZIP	,)		w.		~
TITLE		☐ Delete	TITLE	I				Change	☐ Addition
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CITY-ST-ZIP			CITY	-ST-ZIP					
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NAME STREET ADDRESS			NAM! STRE	ET ADDRESS					İ
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STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP		A		-ST-ZIP		() = 1 · · ·			
13. I hereby condicated of the corporation of the c	ertify that the information emplied with the on this report or supplemental report is to coration or the received or trustee empowers or on an attachment with an address, with	is filing does not qualify for the and accurate and that bed to execute this report all other like empowered that the second that is the empowered that the second is the second that th	EE (AMPAGNA		(i), Florida Statute ot as if made unders; and that my na		that the in an officer lock 11 or \$73.9	

D# S41871

DEPARTMENT OF STATE FOR DEPOSIT ONLY ACCT# 1009068796

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C.C.E.T., Inc

Dix # S41871_ 18366

Phone (305) 573-9271 • Fax (305) 573-9038

July 6, 2000

Division of Corporations Uniform Business Report Filings P.O. BOX 1500 Tallahassee, Fl. 32302-1500

RE: Annual Report FEI 65-029 1690

Gentlemen:

Pursuant to speaking with one of your representatives this morning, we are resending duly completed document S41871. As explained, we sent the original report duly completed and signed on March 4/00 together with check # 5596 both were received however, I had failed to sign the middle section of the form. We received a notice asking to resign form which I did and posted back on the same day, however I failed to make a copy as I did not think it was necessary.

In view that we submitted our report and payment (check was cashed) and that I did resign and return the second form, I would very much appreciate if you would waive any penalties.

Your kind consideration in this matter is greatly appreciated.

Sincerely yours,

Marta Suzel Iglesia

Secretary

Enclosure