

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

FILED

Mar 11 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 # **S55202** (3)
1. Corporation Name
C & P REPRESENTATIONS, INC.



Principal Place of Business 6767 COLLINS AVENUE #502 MIAMI BEACH FL 33141 US	Mailing Address 6767 COLLINS AVENUE #502 MIAMI BEACH FL 33141 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 10043 BAY HARBOR TERR. 27 Suite, Apt. #, etc. 28 City & State 29 BAY HARBOR ISLANDS, FLA. 30 Zip Country 31 33154 USA		3. Date Incorporated or Qualified 05/23/1991	4. FEI Number 65-0266275	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent PAULINO 6767 COLLINS AVE., SUITE 502 MIAMI BEACH FL 33141		10. Name and Address of New Registered Agent 81 Name C. PAULINO 82 Street Address (P.O. Box Number is Not Acceptable) 10043 Bay Harbor Terrace 83 84 City BAY HARBOR ISLANDS FL 85 Zip Code 33154	
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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

Signature typed or printed name of registered agent and title if applicable

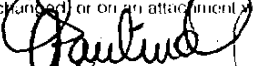
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULINO, CLARISA A	1.2 NAME	
STREET ADDRESS	6767 COLLINS AVE STE 502	1.3 STREET ADDRESS	10043 Bay Harbor Terr.
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	Bay Harbor Islands, FLA. 33154
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, ESTHER	2.2 NAME	
STREET ADDRESS	6767 COLLINS AVE., #502	2.3 STREET ADDRESS	10043 Bay Harbor Terr.
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	Bay Harbor Islands, FLA. 33154
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUEROL, LOURDES	3.2 NAME	
STREET ADDRESS	6767 COLLINS AVE., #502	3.3 STREET ADDRESS	10043 Bay Harbor Terr.
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	Bay Harbor Islands, FL. 33154
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:



CLARISA A. PAULINO

1/2/98

(305) 865-6710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0201821

CR2E034 (10/97)