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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARIMENT OF STATI

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V29059

(5)

C. P. TRADING CO.

Principal Place of Business

Mailing Address

FILED Apr 16 1997 8:00am Secretary of State



10911 S.W. 135 COURT CIRCLE MIAMI FL 33188	10911 S.W. 135 COURT (MIAMI FL 33186-3347	CIRCLE		
			3. Date Incorporated or Qualified 04/15/1992	3a. Date of Last Report 02/12/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 6940 SW 96 Street	26 6940 SW	96 Street	65-0321507	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 Miami FL	City & State 28 Miam:	FL	Election Campalgn Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25 25	Zip 33156	Country 30		Yes 🔀 No
9. Name and Address of Curren	I Registered Agent		10. Name and Address of New Re	gistered Agent
POWER, CARMEN G.		[81] Name		
10911 S.W. 135 COURT CIRCLE MIAMI FL 33186		L	dress (P.O. Box Number is Not Acceptate	ole)
		83 84 City		85 Zio Code
(•			am 1	FL 85 33156
 Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation. 	2 and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, Fl	tes, the above-named con authorized by the corpora orida Statutes.	rporation submits this statement for the patients board of directors. I hereby acceptions	ourpose of changing its registered of the appointment as registered
SIGNATURE Signature, typed or printed name of registered ago	int and lifte If applicable. (NO	£ Registered Agent signature requ	uired when reinstating)	DATE
12. OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE PD	DELETE	1.1 TITLE		Change Addition
POWER, CARMEN G.		1.2 NAME		
STREET ADDRESS 10911 SW 135 CT CIR		1.3 STREET ADDRESS 6	1940 SW 96 St	
CITY-ST-ZIP MIAMI FL		1.4 CITY - \$1 - ZIP Y	Miami FL	
TITLE SD	☐ DELETE	2.1 TITLE		Change Addition
NAME POWER, JAMES A., JR.	,	2.2 NAME		
STREET ADDRESS 10911 SW 135 CT CIR		2.3 STREET ADDRESS	1940 SW 96 SA	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP	niami FL	
TITLE	☐ DELETE	3.1 TITLE		Change Addition
NAME		3.4 NAME		
STREET ADDRESS		3.1 STREET ADDRESS		
CITY-ST-ZIP		3. CITY- \$1- ZIP		
TITLE	☐ DETE1E	4. TITLE		Change Addition
NAME		41 NAME		
STREET ADDRESS		4 TREET ADDRESS		
CITY-ST-ZIP		4 :11Y-ST-ZIP		
TITLE	☐ DELETE	5 ALE		☐ Change ☐ Addition
NAME		: SAME		
STREET ADDRESS		IREET ADDRESS		
CITY-ST-ZIP		14-81-21P		
TITLE	DELETE	LE		Change Addition
NAME ·		:ME		
STREET ADDRESS		REET ADDRESS		
CITY-ST-ZIP		ITY-ST-ZIP		
14. I do hereby certify that the information supplies	d with this filing does not qual		ed in Section 119.07(3)(i), Florida Statutes	s. I further certify that the

Tam an officer or director of the corporation or the receiver or trusted empowered execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 in hanged, or on an attachment with an address