

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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V48994 (0)

1. Corporation Name
C & C A/C AUTO SERVICES CORP.



Principal Place of Business 3620 NW 30 AVE #A-105 MIAMI FL 33142	Mailing Address 3620 NW 30 AVE #A-105 MIAMI FL 33142-5105
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3. Date Incorporated or Qualified 07/06/1992	3a. Date of Last Report 05/01/1996
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 65-0344837	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CASTILLO, SILVIO
 3620 NW 30 AVE
 #A-105
 MIAMI FL 33142**

10. Name and Address of New Registered Agent

81 Name CARDOZA, JULIA
82 Street Address (P.O. Box Number is Not Acceptable) 3620 N.W. 30th AVE # A105
83
84 City MIAMI
85 Zip Code FL 33142

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: Julia E. Cardoza, President DATE: 5/7/97

Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE P	NAME CARDOZA, MIGUEL	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 3620 N.W. 30TH AVE., #A105	CITY - ST - ZIP MIAMI, FL	
TITLE VP	NAME CASTILLO, SILVIO	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 3620 N.W. 30TH AVE., #D423	CITY - ST - ZIP MIAMI, FL	
TITLE T	NAME CARDOZA, JULIA	<input type="checkbox"/> DELETE
STREET ADDRESS 3620 N.W. 30TH AVE., #A105	CITY - ST - ZIP MIAMI, FL	
TITLE S	NAME CASTILLO, ELIDA T.	<input type="checkbox"/> DELETE
STREET ADDRESS 3620 N.W. 30TH AVE., #D423	CITY - ST - ZIP MIAMI, FL	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY - ST - ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	es
5.4 CITY - ST - ZIP	5114197
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	800002190498
6.4 CITY - ST - ZIP	-05/27/97--01001--022
	***165.00

14. I do 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: Julia E. Cardoza, President DATE: 4/19/97 (309) 633-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)