

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

FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 392977 (5)
 1. Corporation Name
FLORIDA CHARTER HOUSE INVESTMENTS, INC.



Principal Place of Business: **10 N.W. 2ND STREET MIAMI FL 33128**
 Mailing Address: **10 N.W. 2ND STREET MIAMI FL 33128**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	12/20/1971	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-1382829	
24	Country	29	Country	Applied For	
		30		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
GORFINKEL, NESTOR B. ESQ.
7 NW 2ND STREET
SUITE 203
MIAMI FL 33128

10. Name and Address of New Registered Agent

81	Name	Nestor B. Gorfinkel	
82	Street Address (P.O. Box Number is Not Acceptable)	Concourse Plaza, Suite 401	
83	City	1111 Kane Concourse Plaza	
84	City	85	Zip Code
	Bay Harbor Islands	FL	33154

11. Pursuant to the provisions of Sections 607.0509 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]* **NESTOR B. GORFINKEL** DATE: **2/12/98**

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	GORFINKEL, JULIUS H	
STREET ADDRESS	10 NW 2ND ST	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SAPOZNIK, JOSE	
STREET ADDRESS	10 NW 2ND ST	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SAPOZNIK, LAZARO	
STREET ADDRESS	10 NW 2ND ST	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GORFINKEL, LEON	
STREET ADDRESS	10 NW 2ND ST	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SAPOZNIK, CLARA	
STREET ADDRESS	10 NW 2ND ST	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	
13	STREET ADDRESS	
14	CITY-ST-ZIP	
21	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	NAME	
23	STREET ADDRESS	
24	CITY-ST-ZIP	
31	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME	
33	STREET ADDRESS	
34	CITY-ST-ZIP	
41	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42	NAME	
43	STREET ADDRESS	
44	CITY-ST-ZIP	
51	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME	
53	STREET ADDRESS	
54	CITY-ST-ZIP	
61	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME	
63	STREET ADDRESS	
64	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: *[Signature]* **LAZARO SAPOZNIK, Director** DATE: **2/12/98** (305) 371-3309

CR2E034 (10/97)