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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 620168

1. Corporation Name

## Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90138 041 \*\*\*150.00

SMALL C	CHIEF, INC											
Principal Place	e of Business	Mai	iling Address				1 100110 0	III A II AI A BARAN ISBIA DI	(8) IBN BIBN BN	Iri Minit Atati i		
1646 SW 27TH AVE			1646 SW 27TH AVE MIAMI FL 33145-2045					DO NOT WRI	CE IN THIS !	SPACE		
							3 Date Incorpo	rated or Qualifed				1
							04/17/197				1	
2. Princinal Pl	lace of Business	2a.	Mailing Address				4. FEI Number			Ар	plied For	
21		26		•			59-19035	35		No	t Applicable	
Suite, Apt.	#, etc		Suite, Apt. #, etc.					Status Desired	П	\$8.75		
22		27					====:Cemicale.or	219III2-Desired		Fee Re	equired	1
City & State	e		City & State	•			6. Election Can	npaign Financing	П		May Be	
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Zip	Country	<u> </u>	Zip		untry			tion owes the curr			ГЛМ-	Ì
24	25	29		30	1		Personal Pro	<u> </u>		Yes	□No	
	9. Name and Address of Curre	ent Regist	ered Agent		81	Name	10. Name and A	Address of New F	redizielea v	(gent		
CDII	Z, VICENTE				"							
	S SW 27TH AVE				82	Street Ad	dress (P.O. Box Num	ber is Not Accepta	ıble)	•		
	MI FL				83			<del></del>		·		
MILAN	9H 1 L											
	· •				84	City	,		FŁ	85 Zip (	Code	}
44 Dumumat	to the provisions of Sections 607.05	02 and 60	7 1508 Florida Statu	tes the s	hove-	named co	rnoration submits this	statement for the	purpose of o	hanging its	registered	ì
office or ri	registered agent, or both, in the State im familiar with, and accept the oblig	a of Florida	a. Such change was a	utnonze	ים שט נו	he corpora	tion's board of directo	rs. I hereby accep	t the appoin	tment as re	gistered	}
agant I a	im familiar with and accept the oblid											1
agent. i a	in laminal with, and accept the cong	jations of,	Section 607.0505, FR	orida Stat	tutes.							
SIGNATURE				orida Stat	tutes.		ired when reinstating)		DATE			ا
<del>-</del>	Signature, typed or printed name of registered ag	gent and title if	applicable. (NOT	orida Stat	tutes. d Agent		ired when reinstating)	CHANGES TO OF			DRS IN 12	(00)
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if	applicable. (NOT	E: Registered	tutes. d Agent	signature requ	ADDITIONS/		FICERS AN	D DIRECTO	DRS IN 12	(11/00)
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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, with all other like empowered.

Daytime Phone #