

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 636679 (3)

1. Corporation Name

CHICO IMPORTS, NORTH AMERICA, INC.



Principal Place of Business Mailing Address
SR 48 WEST OF US 27 SOUTH P O BOX 56 SR 48 WEST OF US 27 SOUTH P O BOX 56
OKAHUMPKA FL 32762 OKAHUMPKA FL 32762

3. Date Incorporated or Qualified 09/19/1979 3a. Date of Last Report 01/19/1995

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1942715 Applied For Not Applicable
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required
23 City & State 28 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24 Zip 34762 25 Country 29 Zip 34762 30 Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

KNIGHT, DIANE B.
1112 CABALLO
STATE RD 48 W
LEESBURG FL 32748

10. Name and Address of New Registered Agent

81 Name Knight-Cummins, Diane B.
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code 34748

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		
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUTIERREZ, RAFAEL	
STREET ADDRESS	16 CALLE	
CITY-ST-ZIP	GUATEMALA CITY,C.A.	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUTIERREZ, CARLOS	
STREET ADDRESS	16 CALLE	
CITY-ST-ZIP	GUATEMALA CITY,C.A.	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KNIGHT, DIANE B.	
STREET ADDRESS	STATE RD 48 W	
CITY-ST-ZIP	OKAHUMPKA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KUNICK, HEIDI	
STREET ADDRESS	BERGMANNRING 11	
CITY-ST-ZIP	2000 HAMBURG GE	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Knigh - Cummins, Diane B.	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<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		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Sandra B. Knight-Cummins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-96

Date

Daytime Phone #

CR2E034 (12/95)