

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**

21	2. Principal Place of Business	2a	2a. Mailing Address	4	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1942715	Not Applicable
22	22. City & State	27	27. City & State	5	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	23. Zip	28	28. Zip	6	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	24. Country	29	29. Country	8	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	32748

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTIERREZ, RAFAEL	1.2 NAME	
STREET ADDRESS	16 CALLE	1.3 STREET ADDRESS	
CITY - ST - ZIP	GUATEMALA CITY, C.A.	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTIERREZ, CARLOS	2.2 NAME	
STREET ADDRESS	16 CALLE	2.3 STREET ADDRESS	
CITY - ST - ZIP	GUATEMALA CITY, C.A.	2.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, DIANE B.	3.2 NAME	Knight - Cummins, Diane B.
STREET ADDRESS	STATE RD 48 W	3.3 STREET ADDRESS	
CITY - ST - ZIP	OKAHUMPKA FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNICK, HEIDI	4.2 NAME	
STREET ADDRESS	BERGMANNRING 11	4.3 STREET ADDRESS	
CITY - ST - ZIP	2000 HAMBURG GE	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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* / 3-15-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)