

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **K14961 (2)**  
1. Corporation Name  
**CHAGUS ENTERPRISES, INC.**

**FILED**  
**95 JAN 25 PM 2:44**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address  
**2699 S. BAYSHORE DRIVE SUITE 600 D MIAMI FL 33133**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified: <b>02/15/1988</b>	3a. Date of Last Report <b>02/14/1994</b>
4. FEI Number <b>65-0045065</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.
23. City & State	2c. City & State
24. Zip	2d. Zip
25. Country	2e. Country

9. Name and Address of Current Registered Agent  
**VIGENS, ROLANDO**  
**STE 408**  
**#110**  
**CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent  
81. Name **VIGENS, ROLANDO**  
82. Street Address (P.O. Box Number is Not Acceptable) **1550 HADJEGA AVENUE**  
83. **SUITE 408**  
84. **CORAL GABLES FL 33146**

11. Pursuant to the provisions of Sections 607.0502 and 007.1508, 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 registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b>
NAME	<b>FIGUEROA, ELMER</b>
STREET ADDRESS	<b>2699 S BAYSHORE DR 600D</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>V</b>
NAME	<b>SANCHEZ MAS, GUSTAVO</b>
STREET ADDRESS	<b>2699 S BAYSHORE DR 600D</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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	
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 110.02(3)(b), 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; the register or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13, or on an attachment, as an additional agent or director.

SIGNATURE: **Gustavo Sanchez** **1/18/95 (305) 858-8822**  
SIGNATURE MUST BE TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR