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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **K14961**

(2)

CHAF ENTERPRISES, INC. Mailing Address Principal Place of Business 1717 N. BAYSHORE DRIVE 1717 N. BAYSHORE DRIVE **SUITE 2146 SUITE 2146** MIAMI FL 33132 MIAMI FL 33132-1158 3. Date Incorporated or Qualified 3a. Date of Last Report 02/15/1988 10/23/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0045065 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Country 8. This corporation has liability for intengible tax under s. 199.032, Yes ☐ No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent VICENS, ROLANDO **B1** Name 1550 MADRUGA AVE Street Address (P.O. Box Number is Not Acceptable) 82 STE 406 **CORAL GABLES FL 33146** 83 84 Zip Code 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 eldebilitys a blit bire (in get beredagen) as a concern program, each (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. DELETE Change Addition 1 1 TITLE TITLE FIGUEROA, ELMER 1.2 NAME 1717 N. BAYSHORE DRIVE, SUITE 2146 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33132** 1.4 CITY - ST - ZIP CITY: ST-ZIP Addition DELETE Change 21 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-2IP CITY - ST- ZIP DELETE Change Addition 3.1 TITLE TIT; 6 32 NAME NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST 3 4. City-St-ZiP DELETE Change Addition 41 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 44 CITY-ST-ZIP D-TY - ST - ZiP DELETE 5.1 TITLE Change ☐ Addition TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY -ST-ZIP 5.4 CITY-ST-ZIP DELETE Change THEF 6.1 TITLE Addition 62 NAME NAME STREET ADORESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 14. I do 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 of supplied 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 that my name

SIGNATURE:

MATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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FILED

Jan 27 1997 8:00am

Secretary of State