

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

**FILED**  
**Apr 21 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P26880 (5)**  
 1. Corporation Name  
**CHATHAM IMPORTS, INC.**



Principal Place of Business <b>257 PARK AVE. SOUTH 6TH FLOOR NEW YORK NY 10010-7304 US</b>	Mailing Address <b>257 PARK AVE. SOUTH 6TH FLOOR NEW YORK NY 10010-7304 US</b>
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DO NOT WRITE IN THIS SPACE

<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

**3.** Date Incorporated or Qualified  
**11/09/1989**

**4.** FEI Number **11-2593471** Applied For  Not Applicable

**5.** Certificate of Status Desired  **\$8.75** Additional Fee Required

**6.** Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

**8.** This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

**9. Name and Address of Current Registered Agent**

**NATIONAL CORPORATE RESEARCH, LTD., INC.**  
**1408 HAYS STREET**  
**SUITE 2**  
**TALLAHASSEE FL 32301**

**10. Name and Address of New Registered Agent**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City **FL** **85** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>CD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>AMEN, RICHARD A.</b>	
STREET ADDRESS	<b>619 ELY AVENUE</b>	
CITY-ST-ZIP	<b>PELHAM MANOR NY</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CALABRO, FRANCES A</b>	
STREET ADDRESS	<b>200 EAST 71ST STREET</b>	
CITY-ST-ZIP	<b>NEW YORK FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>MAGLIOCCO, JOSEPH J</b>	
STREET ADDRESS	<b>65 CENTRAL PARK WEST-APT #12B</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
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**

<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>1.1</b> TITLE <b>V/D</b>
<b>1.2</b> NAME <b>Elliot Platt</b>
<b>1.3</b> STREET ADDRESS <b>270 Blackheath Road</b>
<b>1.4</b> CITY-ST-ZIP <b>Lido Beach, NY 11561</b>
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>2.1</b> TITLE <b>S/T/D</b>
<b>2.2</b> NAME <b>Flora Durante</b>
<b>2.3</b> STREET ADDRESS <b>One Bay Club Drive, Apt. 8R</b>
<b>2.4</b> CITY-ST-ZIP <b>Bayside, NY 11360</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.1</b> TITLE
<b>3.2</b> NAME
<b>3.3</b> STREET ADDRESS
<b>3.4</b> CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.1</b> TITLE
<b>4.2</b> NAME
<b>4.3</b> STREET ADDRESS
<b>4.4</b> CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.1</b> TITLE
<b>5.2</b> NAME
<b>5.3</b> STREET ADDRESS
<b>5.4</b> CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.1</b> TITLE
<b>6.2</b> NAME
<b>6.3</b> STREET ADDRESS
<b>6.4</b> CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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.

SIGNATURE: *Joseph J. Magliocco* **4/21/98**

CR2E034 (10/97)