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FILED
Jan 28 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000044142 (5)

1. Corporation Name
CHULLE CUTTING CORP.



Principal Place of Business
6886 NORTHWEST 35 AVENUE
MIAMI FL 33147

Mailing Address
6886 NORTHWEST 35 AVENUE
MIAMI FL 33147-0620

3. Date Incorporated or Qualified 06/14/1994
3a. Date of Last Report 06/21/1996

2. Principal Place of Business
21 3330 NW 73RD ST
Suite, Apt #, etc

2a. Mailing Address
26 3330 NW 73RD ST.
Suite, Apt #, etc.

4. FEI Number 65-0497573
Applied For Not Applicable

22 City & State
MIAMI, FL

27 City & State
MIAMI, FL

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

23 Zip 33147 Country U.S.A.

28 Zip 33147 Country U.S.A.

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

24 25

29 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARLOS ALBERTO GONCALVES DIAS
6886 NORTHWEST 35 AVE
MIAMI FL 33147

81 Name CARLOS A. GONCALVES DIAS
82 Street Address (P.O. Box Number is Not Acceptable)
3330 NW 73RD STREET
83
84 City MIAMI FL 85 Zip Code 33147

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]* GONCALVES, CARLOS 1/13/97
Signature typed or printed name of registered agent, and file if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	VOLGARI, MAGALI D	
STREET ADDRESS	6886 NORTHWEST 35 AVENUE	
CITY - ST - ZIP	MIAMI FL 33147	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	GONCALVES, CARLOS A	
STREET ADDRESS	6886 NORTHWEST 35 AVE.	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	P D S T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VOLGARI, MAGALY D	
1.3 STREET ADDRESS	3330 NW 73RD STREET	
1.4 CITY - ST - ZIP	MIAMI, FL. 33147	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GONCALVES, CARLOS A.	
2.3 STREET ADDRESS	3330 NW 73RD STREET	
2.4 CITY - ST - ZIP	MIAMI, FL 33147	
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 checked="" 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 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: *[Signature]* GONCALVES, CARLOS 1/13/97 (305) 691-5622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)