

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

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

FILED

97 AUG 19 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P96000081855**  
1. Corporation Name

**CHL OF MIAMI, INC.**

|  |  |
|--|--|
| Principal Place of Business  | Mailing Address  |
| c/o RIW<br>201 S. Biscayne Blvd.<br>1500 Miami Center<br>Miami, FL 33131 | c/o RIW<br>201 S. Biscayne Blvd.<br>1500 Miami Center<br>Miami, FL 33131 |

3. Date Incorporated or Qualified: 10/3/96  
3a. Date of Last Report

|                                |         |                          |         |
|--------------------------------|---------|--------------------------|---------|
| 2. Principal Place of Business | c/o AGS | 2a. Mailing Address      | c/o AGS |
| 21 201 S. Biscayne Blvd.       |         | 26 201 S. Biscayne Blvd. |         |

4. FEI Number: 65-0727352  
Applied For: Not Applicable

|                      |                      |
|----------------------|----------------------|
| 22 1500 Miami Center | 27 1500 Miami Center |
|----------------------|----------------------|

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

|              |              |
|--------------|--------------|
| 23 Miami, FL | 28 Miami, FL |
|--------------|--------------|

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

|              |            |              |            |
|--------------|------------|--------------|------------|
| 24 Zip 33131 | 25 Country | 29 Zip 33131 | 30 Country |
|--------------|------------|--------------|------------|

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

Corporation Company of Miami  
201 S. Biscayne Blvd.  
1600 Miami Center  
Miami, FL 33131

|   |                           |
|---|---------------------------|
| 81 Name   |                           |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 300002272219--3           |
| 83  | -03/20/97--01061--003     |
| 84 City   | ****550.00<br>FL 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

Signature typed or printed name of registered agent and title if applicable.

(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 |
| NAME           | Stensby, Kristian  |                                 |
| STREET ADDRESS | 901 S. America Way |                                 |
| CITY-ST-ZIP    | Miami, FL 33132    |                                 |
| TITLE          | D                  | <input type="checkbox"/> DELETE |
| NAME           | Wright, Blandin J. |                                 |
| STREET ADDRESS | 901 S. America Way |                                 |
| CITY-ST-ZIP    | Miami, FL 33132    |                                 |
| 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    |                    |                                 |

|                   |                     |  |
|-------------------|---------------------|--|
| 11 TITLE          | C/D                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12 NAME           |                     |  |
| 13 STREET ADDRESS |                     |  |
| 14 CITY-ST-ZIP    |                     |  |
| 21 TITLE          | VC/S/D              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22 NAME           |                     |  |
| 23 STREET ADDRESS |                     |  |
| 24 CITY-ST-ZIP    |                     |  |
| 31 TITLE          | D/T/AS              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 32 NAME           | Gruner-Hegge, Einar |  |
| 33 STREET ADDRESS | 901 S. America Way  |  |
| 34 CITY-ST-ZIP    | Miami, FL 33132     |  |
| 41 TITLE          | P                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 42 NAME           | Magnan, Larry       |  |
| 43 STREET ADDRESS | 901 S. America Way  |  |
| 44 CITY-ST-ZIP    | Miami, FL 33132     |  |
| 51 TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME           |                     |  |
| 53 STREET ADDRESS |                     |  |
| 54 CITY-ST-ZIP    |                     |  |
| 61 TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME           |                     |  |
| 63 STREET ADDRESS |                     |  |
| 64 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.

Larry Magnan, President

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Declaring Officer's #

CR20934 (0/06)