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



Sandra B. Mortham

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # P97000037904 (4)		Mortham of State	May 18 19 Secretary	98 8:00am of State	
CHATE	AU ANTIQUES, INC.	Mailing Address			
Principal Place of Business Mailing Address 1658 NE 123RD \$T. N. MIAMI FL 33181 N. MIAMI FL 33181				DO NOT WRITE IN TI	HIS SPACE
2. Principal P 21 Suite, Apt.	lace of Business	2a. Mailing Address 26 Suite, Apt. #, etc.		04/28/1997 4. FEI Number	Applied For Not Applicable \$8.75 Additional Fee Regulred
City & State 23 Zip 24	Country	City & State 28 Zipi 29 3	Country	6. Election Campaign Financing Trust Fund Contribution Contribution 8. This corporation owes or has paid the Personal Property Tax due June 30.	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent MANELLA, ROSS 2206 HOLLYWOOD BLVD., STE. 212 HOLLYWOOD FL 33020 81 Name ROSS H. MANELLA CS4 62 Street Address of New Registered Agent 83 Street Address of New Registered Agent 84 City Hollywood FL 85 Zio Code 85 Zio Code 86 Zio Code 87 Zio Code 88 Zio 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					
12. TITLE NAME STREET ADDRESS	OFFICERS AND OFFIC		logistered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STHEEF ADDRESS	rod when reinstaling) DA ADDITIONS/CHANGES TO OFFICERS	N
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	N. MIAMI FL 33181	DELETE	1.4 City-St-ZiP 2.1 Title 2.2 NAME 2.3 STREET ADDRESS 2.4 City-St-ZiP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	3 1 TITLE 32 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	4.1 HILE 4.2 NAME 4.3 STHEET ADDRESS 4.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS		DELETE	5.1 NTLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-S1-ZIP	7	Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	61 TITLE 62 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		Change 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 required product trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 13 if chapter 607 an altricity in the required by Chapter 607.

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