

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 JUN -4 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700002547407--6

DOCUMENT # P97000070055
1. Corporation Name

CHS LATIN AMERICA, INC.

Principal Place of Business	Mailing Address
201 Alhambra Circle Suite 1200 Coral Gables, FL 33134	201 Alhambra Circle Suite 1200 Coral Gables, FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/13/97 FLD: 08/11/97 EFF	4. FEI Number 65-0776080	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 2000 N.W. 84 Avenue	2a. Mailing Address 26 2000 N.W. 84 Avenue
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Miami, Florida	28 City & State Miami, Florida
24 Zip 33122	25 Country USA
29 Zip 33122	30 Country USA

9. Name and Address of Current Registered Agent
~~Howard W. Gordon~~
~~201 Alhambra Circle~~
~~Suite 1200~~
~~Coral Gables, FL 33134~~

10. Name and Address of New Registered Agent

81 Name Corporation Service Company
82 Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street
83
84 City Tallahassee
85 Zip Code FL 32301

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 *Karen B. Rozar*

Karen B. Rozar, As Its Agent

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE
	Perliman, Alvin	2153 N.W. 86 Avenue	Miami, Florida 33122	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
President	Menasce, Issac	2000 N.W. 84 Avenue	Miami, Florida 33122	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Vice President	Vacca, Thomasina	2000 N.W. 84 Avenue	Miami, Florida 33122	
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Secretary	Bautista, Ray	2000 N.W. 84 Avenue	Miami, Florida 33122	
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Treasurer	Danisovszky, Steve	2000 N.W. 84 Avenue	Miami, Florida 33122	
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Director	Osorio, Claudio	2000 N.W. 84 Avenue	Miami, Florida 33122	
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 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 reports 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: *Ray Bautista* Date: 5/20/98 305/908-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CP20024 (10/97)



ACCOUNT NO. : 072100000032

REFERENCE : 843590 4303929

AUTHORIZATION :

Patricia Pizit

COST LIMIT : \$ 550.

ORDER DATE : June 4, 1998

ORDER TIME : 10:11 AM

ORDER NO. : 843590

CUSTOMER NO: 4303929

CUSTOMER: Ms. Sheryl C. Vainstein
Greenberg Traurig
1221 Brickell Avenue
20th Floor
Miami, FL 33131

CHANGE OF AGENT

NAME: CHS LATIN AMERICA, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX (2) PLAIN STAMPED COPY

CONTACT PERSON: Deborah Schroder

TS 6/4