

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

08 DEC 29 AM 11:56

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # 097000070055 1. Corporation Name CHS LATIN AMERICA, INC.		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2000 N.W. 84 AVENUE MIAMI, FL 33122		Mailing Address 2000 N.W. 84 AVENUE MIAMI, FL 33122	
2. Principal Place of Business 21. Suite, Apt # etc 22. City & State 23. Zip 24. Country		2a. Mailing Address 25. Suite, Apt. #, etc 26. City & State 27. Zip 28. Country	
3. Date incorporated or Qualified AUGUST 11, 1997		4. FEI Number 65-0776080	
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	
7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No		DO NOT WRITE IN THIS SPACE	
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FLORIDA 32301		10. Name and Address of New Registered Agent 61. Name 62. Street Address (P.O. Box Number is Not Acceptable) 63. 64. City FL 65. 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 _____ (NOTE: Registered Agent signature required when re-issuing)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	P ISSAC MENASCE 2000 N.W. 84 AVENUE MIAMI, FLORIDA 33122	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP	T MARIA PRATZ 2000 N.W. 84 AVENUE MIAMI, FLORIDA 33122
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VP ARTURO OSORIO 2000 N.W. 84 AVENUE MIAMI, FLORIDA 33122	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900002735469--6 -01/08/99--01113--002 *****01.25*****01.25
TITLE NAME STREET ADDRESS CITY, ST, ZIP	S RAY BAUTISTA 2000 N.W. 84 AVENUE MIAMI, FLORIDA 33122	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	T STEVE DANISOVSZKY 2000 N.W. 84 AVENUE MIAMI, FLORIDA 33122	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D CLAUDIO OSORIO 2000 N.W. 84 AVENUE MIAMI, FLORIDA 33122	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>DB 12/28/98</i>
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		_____ _____	