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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000018927

1. Corporation Name
CHAROUL INC.

Principal Place of Business
1301 SAWGRASS CORPORATE PARKWAY
SUNRISE FL 33323

Mailing Address
1301 SAWGRASS CORPORATE PARKWAY
SUNRISE FL 33323

3. Date Incorporated or Qualified: 02/26/1998

4. FEI Number: 65-0819745 — Applied For / Not Applicable

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

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

7. This corporation owes the current year Intangible Personal Property Tax: Yes / No

21. Principal Place of Business
22. Suite, Apt. #, etc.
23. City & State
24. Zip
25. Country

26. Mailing Address
27. Suite, Apt. #, etc.
28. City & State
29. Zip
30. Country

8. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
31. Name: MIGUEL GONTOVNIK
32. Street Address (P.O. Box Number is Not Acceptable): 21220 N.E. 19TH AVE
33. N.M.B., FL 33323
34. City: SUNRISE
35. FL
36. Zip Code: 33323

11. Pursuant to the [illegible] 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 I agree to comply with the requirements of Section 607.0505, Florida Statutes.

SIGNATURE: [illegible] DATE: 4/16/99
PRINTED NAME OF REGISTERED AGENT
PRINTED NAME AND SIGNATURE OF NEW REGISTERED AGENT

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PRESIDENT NAME: DANIEL MINSKI STREET ADDRESS: 1301 SAWGRASS CORPORATE PKY CITY-ST-ZIP: SUNRISE, FL 33323 — DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP — Change / Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP — DELETE	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 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP — Change / Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP — DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP — Change / Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP — DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP — Change / Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP — DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP — Change / Addition

CR2E034 (11/98)

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 is an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 2/16/99 (904) 233 1680
SIGNATURE AND TITLE OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #