

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

AMENDMENT

DOCUMENT # 211280

1. Corporation Name  
**CHESTERLAND CORPORATION**  
**561-S.W. 7<sup>TH</sup> STREET # 2**  
**MIAMI FL 33130**

Principal Place of Business Mailing Address

**AURORA RODRIGUEZ**  
**561-S.W. 7<sup>TH</sup> ST # 2**  
**MIAMI FL 33130**

3. Date Incorporated or Qualified <b>4-14-1958</b>	3a. Date of Last Report <b>1995</b>
4. FEI Number <b>59-6059193</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**AURORA RODRIGUEZ (C.R.A.)**  
**561-S.W. 7<sup>TH</sup> ST # 2**  
**MIAMI FL 33130**

10. Name and Address of New Registered Agent

81. Name <b>CONRADO RODRIGUEZ</b>	85. Zip Code <b>FL 33130</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>561-S.W. 7<sup>TH</sup> ST # 2</b>	
83. City <b>MIAMI FL 33130</b>	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: **AURORA RODRIGUEZ**

**President** **7-23-1996**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>AURORA RODRIGUEZ</b>	
STREET ADDRESS <b>561-S.W. 7<sup>TH</sup> ST # 2</b>	
CITY-ST-ZIP <b>MIAMI FL 33130</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>JESUS GOMEZ</b>	
STREET ADDRESS <b>561-S.W. 7<sup>TH</sup> ST # 1</b>	
CITY-ST-ZIP <b>MIAMI FL 33130</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE
NAME <b>GEORGE RODRIGUEZ</b>	
STREET ADDRESS <b>561-S.W. 7<sup>TH</sup> ST # 2</b>	
CITY-ST-ZIP <b>MIAMI FL 33130</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

11. TITLE <b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME <b>CONRADO RODRIGUEZ</b>	
13. STREET ADDRESS <b>561-S.W. 7<sup>TH</sup> ST # 2</b>	
14. CITY-ST-ZIP <b>MIAMI FL 33130</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**-08/07/96--01015--044**  
**\*\*\*61.25**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: **AURORA RODRIGUEZ** **PRESIDENT** **7-23-96** **856-4562**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (305)