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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Feb 19 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

| DOCUMENT # 246183 (8) CHAMBREAU INDUSTRIES, INC.  |  |                                     |                         |  |                         |
|---|--|-------------------------------------|-------------------------|--|-------------------------|
| Principal Plac  | e of Business                            | Mailing Address                     |                         |  | ION BION BANK DIEN POOR |
| ·   |  | •                                   |                         |  |                         |
|   |  | 769 N.E. 195TH ST<br>Miami Fl 33179 |                         |  |                         |
| US US   |  |                                     |                         | DO NOT WRITE IN THIS S   | PACE                    |
|   |  |                                     |                         | 3. Date Incorporated or Qualified  |                         |
|   |  |                                     |                         | 04/01/1961   |                         |
| 2. Principal P  | Place of Business                        | 2a. Mailing Address                 |                         | 4. FEI Number  | Applied For             |
|   |  | 26                                  |                         | 59-0948537   | Not Applicable          |
| <del></del>   |  | Suite, Apt. #, etc.                 |                         | 6. Certificate of Status Desired   | \$8.75 Additional       |
| 22 27 City & State  |  | 27                                  |                         |  | Fee Required            |
| <del></del>   |  | City & State                        |                         | 6. Election Campaign Financing   | \$5.00 May Be           |
| <b>23</b> Zip   | Country                                  | 28 Zip                              | Country                 | Trust Fund Contribution  | Added to Fees           |
| 24  | — <i>i</i>                               |                                     | Country                 | 8. This corporation owes or has paid the curre                               |                         |
| 24  | 25]<br>9. Name and Address of Curren     | 29 29 Agent                         | 30                      | Personal Property Tax due June 30.  10. Name and Address of New Registered A |                         |
| OU  | · · · · · · · · · · · · · · · · · · ·    | r riogistorou Agent                 | 81 Name                 | 10, Hame and Address of New Registered A                                     | gent                    |
|   | AMBREAU, WILLIAM J                       |                                     |                         |  |                         |
| 769 N.E. 195TH ST.  |  |                                     | 82 Street Ac            | ddress (P.O. Box Number is Not Acceptable)                                   | ,                       |
| MIAMI FL 33179  |  |                                     | 83                      |  |                         |
|   |  |                                     |                         |  |                         |
|   |  |                                     | 84 City                 | FL   | 85 Zip Code             |
| 11 Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statutos  |  |                                     | too the shows seemed as |  |                         |
| 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   |  |                                     |                         |  |                         |
|   |  | E: Registered Agent signature red   |                         |  |                         |
| 12.   | PD OFFICERS AND                          | DELETE                              | 13.                     | ADDITIONS/CHANGES TO OFFICERS AND  |                         |
|   | · <del>•</del>                           | ב טנננונ                            | 1.1 TITLE               | L  | Change [] Addition      |
| NAME  | CHAMBREAU, WILLIAM J                     |                                     | 1.2 NAME                |  |                         |
| STREET ADDRESS  | 769 N.E. 195TH ST                        |                                     | 1.3 STREET ADDRESS      |  |                         |
| CITY-ST-ZIP   | MIAMI FL                                 | DELETE                              | 1.4 CITY-ST-ZIP         |  | 7.00                    |
| TITLE   | D CHARDSEAN D.                           | L VELETE .                          | 21 TITLE                | L  | Change Addition         |
| NAME  | CHAMBREAU,D J                            |                                     | 2.2 NAME                |  |                         |
| STREET ADDRESS  | 769 N.E. 195TH ST                        |                                     | 2.3 STREET ADDRESS      |  |                         |
| CITY-ST-ZIP   | MIAMI FL                                 | D DE CYC                            | 2. 4 CITY - ST - ZIP    |  |                         |
| TITLE   |  | ☐ DELETE                            | 3.1 TITLE               | · L  | _ Change                |
| NAME<br>OVERT ABORESE   |  |                                     | 3.2 NAME                |  |                         |
| STREET ADDRESS  |  |                                     | 3.3 STREET ADDRESS      |  |                         |
| CITY-ST-ZIP   | 1  | DELETE                              | 3.4. CITY-ST-ZiP        |  | Observe E Addition      |
| TITLE   |  | □ otteit                            | 4.1 TITLE               | L  | _ Change                |
| NAME<br>ATREET APPROVED   |  |                                     | 4. 2 NAME               |  |                         |
| STREET ADDRESS  |  |                                     | 4.3 STREET ADDRESS      |  | j                       |
| CITY-ST-ZIP   |  | ☐ DELE <b>TE</b>                    | 4.4 CITY-ST-ZIP         |  | Change 14-July          |
| TITLE   |  | ן טבובונ                            | 5.1 TITLE               | L  | _] Change               |
| NAME  |  |                                     | 5.2 NAME                |  |                         |
| STREET ADDRESS  |  |                                     | 5.3 STREET ADDRESS      |  |                         |
| CITY-ST-ZIP   |  | Delete                              | 5.4 CITY - ST - ZIP     | ·  | 100                     |
| TITLE   |  | ☐ DELETE                            | 6.1 TITLE               | L  | _  Change    Addition   |
| NAME  |  |                                     | 6.2 NAME                |  |                         |
| STREET ADDRESS  |  |                                     | 6.3 STREET ADDRESS      |  |                         |
| CITY-ST-ZIP   | orlife that the information appelled wit |                                     | 6.4 CITY-ST-ZIP         | Continue 110 07/07/15 Florida Continue 1 feet                                |                         |

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.