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

1. Corporation	MENT # 46521 HEMICAL, INC.	1 (1)				
Principal Place of Business Mailing Address						
1632 W 31ST PL HIALEAH FL 33012 US		4011 W FLAGLER ST SUITE 403 MIAMI FL 33134 US		DO NOT WRITE IN THIS SPACE. 3. Date incorporated or Qualified		
					11/19/1974	
2. Principal Place of Business		2a. Mailing Address			4, FEI Number	Applied For
21 Octo Act # ata		Suite, Apt. #, etc.		59-1569288	Not Applicable \$8.75 Additional	
Suite, Apt. #, etc.		·····1	27		Certificate of Status Desired	Fee Required
City & State		City & State	- 		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country Zip		Country		8. This corporation owes or has pai	
24	25	29	30		Personal Properly Tax due June	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Reg	gistered Agent
	NITEZ, YANICK		8	1 Name		
2580 W 67 PL. BLDG. 1 APT 101 HIALEAH FL 33016			8	2 Street Ad	ldress (P.O. Box Number is Not Acceptab	le)
			8	3		
			8	4 City		FL 85 Zip Code
44 5	a the provisions of Continue CO7 OF	02 and 607 1609 Florida State	dos the pho	we pamed co	orporation submits this statement for the p	
office or ri	edistered agent, or both, in the Stat	te of Horida. Such change was	: authorized l	by the corpor	ration's board of directors. I hereby accep	at the appointment as registered
agent. Fai	n familiar with, and accept the obli	gations of, Section 607.0505, F	lorida Statut	es.		
SIGNATURE	Signature, typed or printed name of regelered a	epent and the diapple able (NO) It Registered A	igent signature rec	quired when reinstating)	DATE
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TETLE	PSTD DELETE		1.1 TITLE			Change Addition
NAME	BENITEZ, YANICK		1.2 NAM	E		
STREET ADDRESS	==:		1.3 STHE	ET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33016		1.4 CITY	- ST - ZIP		
TITLE	DELETE		· 2.1 TITLE	:		Change Addition
NAME			2.2 NAM	E		
STREET ADDRESS			2.3 STRE	FT ADDRESS		
CITY-ST-ZIP		T process		(-S1-ZIP		Change Addition
TITLE		L] DELETE	3.1 TITUE	į.		
NAME			3.2 NAM	i .		
STREET ADDRESS				ET ADDRESS		-
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE	/-ST-ZIP		Change Addition
NAME		Car occur.	4. 2 NAN			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP				- ST-ZIP		
TITLE		DELFTE	5.1 Tills			Change Addition
NAME			5.2 NAM	E		
STREET ADDRESS			5 3 STRE	ET ADDRESS		
CITY-\$T-ZIP			5.4 CITY	-S1-ZIP		
TITLE		DELETE	6.17(11)			Change Addition
NAME			6.2 NAM	E		
STREET ADDRESS			63STRE	ET ADDRESS		
CITY-ST-7IP			6.4 C(1Y	-ST-ZIP		

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 eath; 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.

Maniak Bonton

4/0/08

CR2E034 (10/9)

FILED

Apr 21 1998 8:00am

Secretary of State