FILE	: NOW:	FILING	FEE	AFTER	MAY 1	IS	\$225.	.00
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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name 519133

(3)

CHAR	LESON INVESTMENT, INC			 	
Principal Place	of Business	Mailing Address		T TREALEN DISON LLANS TORENS HOUSE HIND	
6262 SUNSET DRIVE PH #236 Miami FL 33143		6262 SUNSET DRIVE PH #236 Miami FL 33143			
US		US		3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Pla	ace of Business	2a. Mailing Address		11/24/1976 4. FEI Number	06/13/1995
21	350 0. 2551553	26. Walling Address		59-1814075	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State)	City & State		6. Election Campaign Financing	□ \$5.00 May Be
23	T 0	28		Trust Fund Contribution	Added to Fees
Z ip 24	Country 25	Zip	Country	8. This corporation has liability for in	
24)	9. Name and Address of Curre	29 ent Registered Agent	30	Florida Statutes Yes 10. Name and Address of New Re	
			81 Name	(U. Namic and Address Of New Ne	States ed Agent
ROSEN	BERG, CHARLES H.		00 0	(D.O. D. 11)	
	JNSET DR.		82 Street A	ddress (P.O. Box Number is Not Acceptable	∂ }
	NTHOUSE 236		83		
	L 33143		84 City		
			'		85 Zip Code
or registeri	o the provisions of Sections 607.050 ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	nda. Such change was authori:	zed by the corporation's b	poration submits this statement for the purp loard of directors. I hereby accept the appoi	ose of changing its registered office intment as registered agent. I am
SIGNATURE _					
	Signature, typed or printed name of registered age		OTE: Registered Agent signature re-		DATE
12.	PD OFFICERS AI	ND DIRECTORS	13. 1, 1 TITLE	ADDITIONS/CHANGES TO OFFIC	
NAME	ROSENBERG, CHARLES		1.2 NAME		Change Addition
STREET ADDRESS	6262 SUNSET DRIVE, #PH		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2 1 TITLE		Change Addition
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		;
TITLE		☐ DELETE	3. 1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		FT Driver	3.4 CITY - ST - ZIP		
TITLE .		☐ DELETE	4. 1 TITLE		Change Addition
NAME CERTEX ADDRESS			4.2 NAME		
STREET ADDRESS			4.3 STREET ADORESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY - ST - ZIP 5. 1 TITLE		Change Addition
NAME			5.2 NAME		Change Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-S1-ZIP		
TITLE		DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		_ ,
STREET ADDRESS	*		6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
cerniy mar	the information indicated on this ann	iuai report or supplemental ann	iual report is true and acci	y for the exemption stated in Section 119.0 rrate and that my signature shall have the sa this report as required by Chapter 607, Flori	ame lenst effect as if made under

Charles H. Roenberg 3/14/9 SIGNATURE: