PROFIT CORPORATION ANNUAL REPORT

1999



Name and Address of Current Registered Agent

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 05, 1999 8:00 am Secretary of State

05-05-1999 90006 027 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # 1. Corporation Name	519133
CHARLESON INVEST	MENT, INC.

Principal Place of Business 6262 SUNSET DRIVE PH #236 MIAMI FL 33143 US 2. Principal Place of Business 59015W7

City & State

Mailing Address 6262 SUNSET DRIVE PH #236

2a. Mailing Address

City & State

MIAM! FL 33143 US 3. Date Incorporated or Qualifed

11/24/1976 4. FEI Number Applied For 59-1814075 Not Applicable \$8.75 Additional 5. Certifcate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes □No

ROSENBERG, CHARLES H. 6262 SUNSET DR. STE. PENTHOUSE 236 MIAMI FL 33143

10. Name and Address of New Registered Agent					
81	Name				
82	Street Address (P.O. Box Number is Not Acceptable)				
83		,			
84	City	85	Zip Code		

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 CUID Remail Orn Hostert							
Signature, typed or printed frame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PD DELETE	1.1 TITLE	Change Addition				
NAME	ROSENBERG, CHARLES	1.2 NAME	ch Rosenberg Charks GChange Addition 59015W7Y th Street So. miam Fla 33143-Suite 404				
STREET ADDRESS	6262-SUNSET DRIVE, #PH	1.3 STREET ADDRESS	590(SW) 4 th > Proc				
CITY-ST-ZIP	MIAMI-FL-	1.4 CITY-ST-ZIP	So. miam Fla 33143-Juite 404				
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition				
NAME		2.2 NAME					
STREET ADDRESS	·	2.3 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	'	3.4. CITY-ST-ZIP					
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition				
NAME		4. 2 NAME					
STREET ADDRESS	, i	4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition				
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 C/TY-ST-Z/P					
TITLE	☐ DELETE	6.1 T/TLE	☐ Change ☐ Addition				
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		6.4 CITY-ST-ZIP					

14. I hereby certify that the information supplied with this filling 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, with all other like empowered.