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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 521732 (8) 1. Corporation Name CHAEMS CORP.			
Principal Place of Business 430 LINCOLN ROAD 230 MIAMI FL 33139 US		Mailing Address 430 LINCOLN ROAD 235 MIAMI BEACH FL 33139 US	
2. Principal Place of Business 21		2a. Mailing Address 26 P.O. BOX 403061	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28 Miami Beach, Florida	
Zip 24		Zip 29 33140	
Country 25		Country 30 USA	
9. Name and Address of Current Registered Agent SMILOW STUART 4465 SHERIDAN AVENUE MIAMI BEACH FL 33140			
10. Name and Address of New Registered Agent 81 Name David Zimble 82 Street Address (P.O. Box Number is Not Acceptable) 1101 Brickell Avenue 83 19th Floor 84 City Miami, FL 85 Zip Code 33131			
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: Howard Zimble DATE			
12. OFFICERS AND DIRECTORS VPS SMILOW, STUART 4465 SHERIDAN AVE. MIAMI BEACH FL			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 VPS SMILOW, STUART 1101 Brickell Ave 19th Floor Miami, Florida 33131			
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: Stuart Smilow 4/10/95 305-673-5330 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date			