

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # 521732 (8)  
1. Corporation Name  
CHAEMS CORP.



Principal Place of Business  
420 LINCOLN ROAD  
230  
MIAMI FL 33139  
US

Mailing Address  
PO BOX 403061  
MIAMI BEACH FL 33140  
US

3. Date Incorporated or Qualified  
01/06/1977

3a. Date of Last Report  
04/18/1995

4. FEI Number  
59-1715388

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business  
21 420 Lincoln Road  
Suite, Apt. #, etc.  
22 235  
City & State  
23 Miami Beach, FL  
Zip  
24 33140 Country  
25 USA

2a. Mailing Address  
26 P.O. Box 403061  
Suite, Apt. #, etc.  
27  
City & State  
28 Miami Beach, FL  
Zip  
29 33140 Country  
30 USA

9. Name and Address of Current Registered Agent

ZIMBLE, DAVID  
1101 BRICKELL AVE  
19 FLR  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name  
Stuart Smilow  
82 Street Address (P.O. Box Number is Not Acceptable)  
420 Lincoln Road Suite 235  
83  
84 City  
Miami Beach FL 85 Zip Code  
33140

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, Sections 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-statuting)

DATE

4/26/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
VPS	SMILOW, STUART	110 BRICKELL AVE, 19 FLR	MIAMI FL	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
VPS	Smilow, Stuart	420 Lincoln Road Suite 235	Miami Beach, FL 33140	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition

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 my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stuart Smilow

Date

4/26/96

Daytime Phone #

305-534-2690

CR2E034 (12/95)