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FILED PROFIT ELORIDA DEPARTMENT DE STATE **CORPORATION** Sandra B. Mortham May 07 1998 8:00am ANNUAL REPORT Secretary of State **1998** DIVISION OF CORPORATIONS Secretary of State DOCUMENT #

1. Corporation Name (8)521732 CHAEMS CORP. Principal Place of Business Mailing Address 420 LINCOLN ROAD P.O. BOX 403061 MIAMI BEACH FL 33140 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/06/1977 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 4421 ROYal 59-17 15388 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Miami + 28 Trust Fund Contribution Added to Fees Country Z(0)8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STUART SMILOW 420 LINCOLN ROAD 4421 Royal Palm Ave Miami Beach, FL 33140 Street Address (P.O. Box Number is Not Acceptable SUITE 205-MIAMI-BEACH FL 93149 Zip Code 33140 City Many 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. agent. I am familiar with, and accept the obligations of (NOTI: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. **VPS** DELETE TITLE 1.1 TITLE Change 1 NAME SMILOW, STUART 1.2 NAME 4421 Royal Palm Ave miami Beach, FL 33/40 STREET ADDRESS 420 LINCOLN ROAD, SUITE 235 1.3 STREET ADDRESS MIAMI-REACH EL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition 2.1 THILE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change ■ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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 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 on an attachment with an address.