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Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90086 011 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 539600

1. Corporation Name
CHECHY, INC.

Principal Place of Business
 8865 S.W. 102ND TERRACE
 MIAMI FL 33176-3068

Mailing Address
 8865 SW 102ND TERRACE
 MIAMI F 33176
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **7311 SW 108 Terrace**
 Suite, Apt. #, etc.

2a. Mailing Address
 26 **7311 SW 108 Terrace**
 Suite, Apt. #, etc.

23 **MIAMI FL**
 City & State

28 **MIAMI FL**
 City & State

24 **33156** 25 **USA**
 Zip Country

29 **33156** 30 **USA**
 Zip Country

3. Date Incorporated or Qualified
07/19/1977

4. FEI Number
59-2346882

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
LEWIS, MILTON
8865 S.W. 102ND TERRACE
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name **DAN, STEVEN**

82 Street Address (P.O. Box Number is Not Acceptable)
7311 SW 108 Terrace

83

84 City **MIAMI** 85 **FL** Zip Code **33156**

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 Steven B. Dan **STEVEN DAN, VICE-PRESIDENT + MANAGING DIRECTOR** 4/13/99
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	LEWIS, MILTON	
STREET ADDRESS	8865 S.W. 102ND TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	
NAME	LEWIS, CECILIA	
STREET ADDRESS	8865 S.W. 102ND TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.1 TITLE	V/M		
1.2 NAME	STEVEN DAN		
1.3 STREET ADDRESS	7311 SW 108 Terrace		
1.4 CITY-ST-ZIP	MIAMI, FL 33156		
2.1 TITLE	D		
2.2 NAME	SANDRA DAN		
2.3 STREET ADDRESS	7311 SW 108 Terrace		
2.4 CITY-ST-ZIP	MIAMI, FL 33156		
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: Steven Dan **REQUIRED** 4/13/99 305 666 8333
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)