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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # 618155



Secretary of State DIVISION OF CORPORATIONS

Apr 21, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris** 04-21-1999 90110 025 ***150.00

CHAMS	Y TRANSFER, INC.				I SERVICE BUÉRN SKRON KRIPE NERRE BHÁIL BUSE BH	ISI did in dudin didi n 1	818(4 8280) (8 8 1
Principal Place	e of Business	Mailing Address			I LEGITE BLIEB THERE HERE HERE THERE BLIEF	DIL OTOSE DIBIL MADLE I	AIDII AIBII IABI
1801 NW 82 AV	venue .	P.O. BOX 523730					
P.O. BOX 523730 MIAMI FL 33152-3730 US					DO NOT WRITE IN TH	IIS SPACE	
MIAMI FL 33126-1019 US US					3. Date Incorporated or Qualifed		
	•				04/19/1979		
Principal Place of Business 2a. Mailing Address				4. FEI Number		plied For	
21		26			59-1917251		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	ا من مشاور المناسب ال		5 Certifcate of Status Desired -	\$8.75 A Fee Re	
City & State		City & State			6. Election Campaign Financing	\$5.00	
City & State City & State				Trust Fund Contribution	Added t		
Zip Country Zip		Country		8. This corporation owes the current year	Intangible		
24	25	29	30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	t Registered Agent		,	10. Name and Address of New Register	ed Agent	
ACH	IIDDE IOCE I		8	1 Name			
AGUIRRE, JOSE I. 1801 NW 82 AVENUE			8	2 Street /	Address (P.O. Box Number is Not Acceptable)		
	MI FL 33123-8013		-		<u> </u>		
1111/-11	12 30 123 00 13		8	3		,	
	•		8	4 City	F	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607,1508, Florida Statute	s, the abo	ve-named			registered
office or re	egistered agent, or both, in the State of	of Florida. Such change was au	thorized b	y the corpo	corporation submits this statement for the purpose tration's board of directors. I hereby accept the applications are supported in the support of the suppor	pointment as re	gistered
	in tarrillar with, and accept the obligat	iona or, decilon our losos, i lon	ida Olaidic				
SIGNATURE							
	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Ag	ent signature re	equired when reinstating) DATE		
12.	OFFICERS AN	D DIRECTORS	Registered Ag	ent signature n	equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		
_	OFFICERS AN					AND DIRECTO	DRS IN 12
12.	OFFICERS AND VD ROBERTS, BRUCE	D DIRECTORS	13. 1.1 TITLE 1.2 NAME				
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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.