FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 10:06

DOCUMENT # 636679 (3)

1. Corporation Name
CHICO IMPORTS, NORTH AMERICA, INC.

Principal Place of Business	Mailing Address
SR 48 WEST OF US 27 SOUTH P O BOX 56 OKAHUMPKA FL 32762	SR 48 WEST OF US 27 SOUTH P O BOX 56 OKAHUMPKA FL 32762

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/19/1979
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)

4. FEI Number: 59-1942715 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)

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

City & State (23) / City & State (28)

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

Zip (24) Country (25) / Zip (29) Country (30)

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

9. Name and Address of Current Registered Agent

KNIGHT, DIANE B.
1112 CABALLO
STATE RD 48 W
LEESBURG FL 32748

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	TEMPLEHOF, ERITZ G	1.2 NAME	
STREET ADDRESS	BERGMANNRING STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	HAMBURG, W.GERMANY	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	GUTIERREZ, RAFAEL	2.2 NAME	
STREET ADDRESS	16 CALLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GUATEMALA CITY,C.A.	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	GUTIERREZ, CARLOS	3.2 NAME	
STREET ADDRESS	16 CALLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GUATEMALA CITY,C.A.	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	☐ Change ☐ Addition
NAME	KNIGHT, DIANE B.	4.2 NAME	
STREET ADDRESS	STATE RD 48 W	4.3 STREET ADDRESS	
CITY-ST-ZIP	OKAHUMPKA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	KUNICK, HEIDI	5.2 NAME	
STREET ADDRESS	BERGMANNRING 11	5.3 STREET ADDRESS	
CITY-ST-ZIP	2000 HAMBURG GE	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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.

SIGNATURE: Diane B. Knight 1/11/95 904-728-2047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0417106 FP