FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # 848159 (0)CHIFLADA INVESTMENTS N.V., INC. Principal Place of Business Mailing Address POST OFFICE BOX 160038 525 ONE CENTER BLVD ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32716-0038 3. Date Incorporated or Qualified 3a. Date of Last Report 02/04/1981 02/08/1996 2. Principal Place of Business 28. Mailing Address Applied For 59-2082102 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Zipi Country This corporation has liability for intangible tax under s. 199.032, Yes 25 Florida Statutes ☐ No 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name TUERPE, FRED R. **525 ONE CENTER BLVD** 62 Street Address (P.O. Box Number is Not Acceptable) **ALTAMONTE SPRINGS FL 32701** 83 84 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6) Change Addition DELETE **VD** 1.1 TITLE TITLE TUERPE', ERIC R. 1.2 NAME NAME CR2E034 1145 21ST COURT 1.3 STREET ADDRESS STREET ADDRESS VERO BEACH FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE AS 2.1 TITLE TUERPE', FRED R. (ASST) NAMÉ 22 NAME 4261 SW 6TH LANE 2.3 STREET ADDRESS STREET ADDRESS VERO BEACH FL 2.4 CITY-ST-ZIP CITY-S1 DELETE ☐ Change Addition 3.1 TITLE THEF NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ___ Addition DELETE ☐ Change TATLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition DELETE 5.1 TITLE THILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY - S1 - ZIF DELETE ☐ Change Addition TITLE 61 TITLE NAME 6 2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. If do 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 127 changed from an attachment with an address.

SIGNATURE:

1/15/97 (107) 331-7249

FILED

Jan 24 1997 8:00am

Secretary of State