

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000006825 (0)
 1. Corporation Name
CHACONIA FUND SERVICES, INC.



Principal Place of Business 1000 BRICKELL AVENUE, SUITE 800 MIAMI FL 33131-3047	Mailing Address 1000 BRICKELL AVENUE, SUITE 800 MIAMI FL 33131-3047
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/23/1997	
21 Suite, Apt #, etc	22 City & State	26 Suite, Apt #, etc	27 City & State	4. FEI Number 65-0800677	Applied For <input type="checkbox"/> Not Applicable
24 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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

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) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENN, CLARRY	1.2 NAME	
STREET ADDRESS	74 INDEPENDENCE SQ./PORT-OF-SPAIN	1.3 STREET ADDRESS	
CITY-ST-ZIP	TRINIDAD & TOBAGO, WI	1.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICKIE, RENRICK	2.2 NAME	
STREET ADDRESS	74 INDEPENDENCE SQ./PORT-OF-SPAIN	2.3 STREET ADDRESS	
CITY-ST-ZIP	TRINIDAD & TOBAGO, WI	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANG, JUDY Y	3.2 NAME	
STREET ADDRESS	74 INDEPENDENCE SQ./PORT-OF-SPAIN	3.3 STREET ADDRESS	
CITY-ST-ZIP	TRINIDAD & TOBAGO, WI	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, ULICE JR	4.2 NAME	
STREET ADDRESS	1000 NORTH WATER ST. STE. 2100	4.3 STREET ADDRESS	777 East Wisconsin Avenue, 37th floor
CITY-ST-ZIP	MILWAUKEE WI 53202	4.4 CITY-ST-ZIP	Milwaukee, WI 53202
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, ROOSEVELT J DR,PHD	5.2 NAME	
STREET ADDRESS	CIPRIANI COLLEGE/CHURCHILL ROOSEVELT HIWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	VALSAYN/TRINIDAD & TOBAGO,WI	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 as an attachment with an address.

SIGNATURE: *Ulice Payne, Jr.* Ulice Payne, Jr. Secretary 4/28/98/1414/297-5655

CR2E034 (10/97)

FOLEY & LARDNER

ATTORNEYS AT LAW

CHICAGO
JACKSONVILLE
LOS ANGELES
MADISON
MILWAUKEE
ORLANDO
SACRAMENTO

FIRSTSTAR CENTER
777 EAST WISCONSIN AVENUE
MILWAUKEE, WISCONSIN 53202-5387
TELEPHONE (414) 271-2400
FACSIMILE (414) 297-4900

SAN DIEGO
SAN FRANCISCO
TALLAHASSEE
TAMPA
WASHINGTON, D.C.
WEST PALM BEACH

WRITER'S DIRECT LINE
414-297-5655

EMAIL ADDRESS
upayne@foleylaw.com

CLIENT/MATTER NUMBER
037840/0102

April 29, 1998

DELIVERED BY COURIER

State of Florida
Division of Corporations
Annual Reports Filings
409 East Gaines Street
Tallahassee, FL 32399

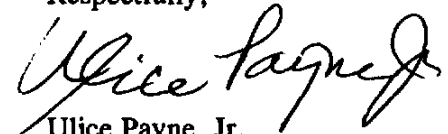
Re: Chaconia Fund Services, Inc.

Dear Division of Corporations:

I enclose the executed original Annual Report of the above-referenced company incorporated on December 23, 1997. A check in the amount of \$150 is also enclosed as payment for this filing.

Chaconia Fund Services, Inc. has not begun operations as of the date of this filing. If you have any questions, please call.

Respectfully,



Ulice Payne, Jr.

Enclosures