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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F97000006825

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

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

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

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

Signature typed or printed name of registered agent as filed in application

(Date of joining Agent to your corporation as registered agent)

Date

12. OFFICERS AND DIRECTORS

TITLE PD NAME BENN, CLARRY [] DELETE

STREET ADDRESS 74 INDEPENDENCE SQ./PORT-OF-SPAIN CITY-ST-ZIP TRINIDAD & TOBAGO, WI

TITLE VTD NAME NICKIE, RENRICK [] DELETE

STREET ADDRESS 74 INDEPENDENCE SQ./PORT-OF-SPAIN CITY-ST-ZIP TRINIDAD & TOBAGO, WI

TITLE D NAME CHANG, JUDY Y [] DELETE

STREET ADDRESS 74 INDEPENDENCE SQ./PORT-OF-SPAIN CITY-ST-ZIP TRINIDAD & TOBAGO, WI

TITLE S NAME PAYNE, ULICE JR [] DELETE

STREET ADDRESS 777 E WISCONSIN AVE, 37TH FL CITY-ST-ZIP MILWAUKEE WI 53202

TITLE D NAME WILLIAMS, ROOSEVELT J DR,PHD [] DELETE

STREET ADDRESS CIPRIANI COLLEGE/CHURCHILL ROOSEVELT HWAY CITY-ST-ZIP VALSAYN/TRINIDAD & TOBAGO, WI

TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.04(3)(f), 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: Renrick A. Nickie SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1997

4. FEI Number 65-0800677

Applied For Not Applicable

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

10. Name and Address of New Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

400002810514-01 -03/18/99--01088--004 ***155.00 ***155.00

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition



03/02/99

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