

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

FILED
May 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # G 99729

1. Corporation Name
CHATEAU BLEAU INVESTMENTS SEVEN, INC.

Principal Place of Business: 1111 PONCE DE LEON BLVD. CORAL GABLES, FL. 33134
Mailing Address: 1111 PONCE DE LEON BLVD. CORAL GABLES, FLORIDA 33134-3521

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0029133	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
23	28	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip	Country		
24	25		

3. Date Incorporated or Qualified
03/15/1984

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name: BOB GRILLAS
	82 Street Address (P.O. Box Number is Not Acceptable): 1111 PONCE DE LEON BLVD.
	83
	84 City: CORAL GABLES FL 85 Zip Code: 33134

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: BOB GRILLAS PRES. DATE: 4/28/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	BOB GRILLAS
STREET ADDRESS		1.3 STREET ADDRESS	1111 PONCE DE LEON BLVD.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	DIMITRIOS GRILLAS
STREET ADDRESS		2.3 STREET ADDRESS	1111 PONCE DE LEON BLVD.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	CONSTANTINOS GRILLAS
STREET ADDRESS		3.3 STREET ADDRESS	1111 PONCE DE LEON BLVD.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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	300002534853
CITY-ST-ZIP		6.4 CITY-ST-ZIP	-05/26/98--01039--004

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.

BOB GRILLAS 4/28/98 (305) 448-2634

CR2E034 (10/97)