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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # G 99729

CHATEAUBLEAU INVESTMENTS SEVEN, INC.

**FILED** May 22 1998 8:00am Secretary of State

Principal Place of Busin	ness An I.C. I Blich	Mailing Addr			•
1111 PONCE	DE LEON BLVD.	. (71)		De Lean Blu	
CUADL GABO	LES, FL. 33134	CONAL GADIES, FLORIDA			DO NOT WRITE IN THIS SPACE
			34-3321	3. Date Incorporated or Qualified	
			201	24 - 2221	03/15/1984
2. Principal Place of B	usiness	2a. Mailing A	ddress	· <del></del>	4. FEI Number Applied For
21		26			65-0029/33 Not Applicable
Suite, Apl. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution
—, <sup>Zıp</sup>	Country	Zip	<u> </u>	Country	8. This corporation owes or has paid the current year Intangible
24	25	29		30	Personal Property Tax due June 30. Yes No
9, N	ame and Address of Currer	it Hegistered Age	ent	81 Name	10. Name and Address of New Registered Agent
				01 148/119	BOB. GRILLAS
					Idress (P.O. Box Number is Not Acceptable)
				<u> </u>	1) PONCE DE LEON DLVD.
				83	
				84 City/	85 Zp Code
	<u> </u>			Co	1106 645/165 FL 33134
11. Pursuant to the p	rectsions of Sections 607.050	32 <del>and 607 1508.</del> I a of Florida, Sucto	Florida Statute:	s, the above-named c	orporation submits this statement for the purpose of charging its registered oration's board of directors. I hereby accept the appointment as registered
agent I am lamili	ar with, and accept the oblig	jations of, Section	607:6605, Flor	ida Statutes.	11.100
SIGNATURE		25	<u> </u>		
	hose or printed name of registered as		(NOTE:	Registered Agent signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AN	ND DIRECTORS	DELETE	13.	
TITLE		·			- · -
NAME				1.2 NAME	BOB GRILLAS LEON BLVA.
STREET ADORESS					CORAL GABLES, FL. 33134
CITY-ST-ZIP	<del></del>	<del></del>	DELETE	-1.4 CITY-ST-ZIP 2.1 TITLE	Charles Harrison
TITLE	•	L	DELETE		VPD
NAME				2.2 NAME	DIMITRIOS GRILLAS BLUD.
STREET ADORESS				2.3 STREET ADDRESS	7111
CITY-ST-ZIP	<del></del>		DELETE	2. 4 CITY+ST-ZIP 3.1 TITLE	K2 A
TITLE		,		3.2 NAME	VP D
NAME				3.3 STREET ADDRESS	CONSTANTINOS GRILLAS.
STREET ADDRESS				3.4. CITY-ST-ZIP	CORAL GASIES, FL. 33/34
CITY-ST-ZIP TITLE			DELETE	4.1 TITLE	Change Addition
1		•		4.2 NAME	
NAME				4.3 STREET ADDRESS	
STREET ADORESS	`			1	
CITY-\$1-ZIP			DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addition
TITLE		,	C) becere	L L	City Outlings City Metallion
NAME				5.2 NAME	4.2
STREET ADDRESS				5.3 STREET ADDRESS	$\mathcal{I}_{\mathcal{L}_{\mathcal{V}}}$
CITY-ST-ZIP	<del></del>		DELETE	5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE			III DECENE	6.1 TITLE	
NAME				6.2 NAME	300002534853 -05/26/9801039004
STREET ADDRESS				6.3 STREET ADDRESS	-05/26/3801033004
CiTY+ST-ZIP	that the information supplied	with this filing do	as not consider	6.4 CITY-ST-ZIP	非常150、印 of in Section 119.07(3)(i), Florida Statutes I further certify that the information
I indiantad on the	annual resiste or cupolomo	ntal sooual report	IN THE BOOK AND	nurata and that my cid	noture chall have the come local effect at it made Hoder (lain: that I am an
Officer or director	or of the corporation or the reak 13 if changed, or on an all	eceiver of trustee (	empowered to address. —	exercite this report as	required by Chapter 607, Florida Statutes; and that my name appears in
J.55K 12 57 519K	and an arrange			NOD OF IL	LAS 4/28/9X (305) 448-2634