ANNUAL REPORT
1995

DIVISION OF CORPORATIONS

DOCUMENT # H18187 (5)

1. Corporation Name
CHIVAS, INC.

95 APR 18 PM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
840 N.E. 182 TERR N. MIAMI BEACH FL 33162	840 N.E. 182 TERR N. MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/24/1984
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-2441394 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip — 24 Country — 25
Zip — 29 Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PARKER, JO 840 N.E. 182 TERR N. MIAMI BEACH FL 33162	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	VD	☒ Change ☐ Addition
NAME	PARKER, JO	12 NAME	PARKER, JO	
STREET ADDRESS	840 N.E. 182 TERR.	13 STREET ADDRESS	840 N.E. 182 TERR.	
CITY-ST-ZIP	N. MIAMI BEACH FL	14 CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	VTD	21 TITLE		☐ Change ☐ Addition
NAME	PARKER, SETH	22 NAME		
STREET ADDRESS	19305 N.E. 2ND AVE.	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE	VD	☒ Change ☐ Addition
NAME	PARKER, PHYLLIS	32 NAME	PARKER, PHYLLIS	
STREET ADDRESS	840 N.E. 182 TERR.	33 STREET ADDRESS	840 N.E. 182 TERR.	
CITY-ST-ZIP	N. MIAMI BEACH FL	34 CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	VD	41 TITLE	PSD	☒ Change ☐ Addition
NAME	PARKER, ERIC J.	42 NAME	PARKER, ERIC J.	
STREET ADDRESS	840 N.E. 182 TERR	43 STREET ADDRESS	840 N.E. 182 TERR	
CITY-ST-ZIP	N. MIAMI BEACH FL	44 CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: J. Parker JO PARKER 4/10/95 (305) 651-5847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0178000 CP