FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.0D

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H60383**

(7)

CHRISAL CORP.

Principal Place of Business

Mailing Address

2038 N.W. 22th St.

2038 N.W. 22th St.

FILED Apr 29 1998 8:00am Secretary of State

Miami, FL 33142		Miami, FI	33	142	DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified 06/03/1985			
2. Principal Place of Business 2a. Mailing Address				- **-	4. FEI Number 59-2561820		Applied For	
21		26			39-2301020		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #. etc.	├ ──		5. Certificate of Status Desired	5. Certificate of Status Desired \$8.75 Additional Fee Required		
*City & State 23		City & State		6. Election Campaign Financing Trust Fund Contribution				
Ζιρ 24	Country 25	Zip 30	Country 30		 This corporation owes or has paid the Personal Property Tax due June 30. 	current year Intangible Yes No		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
MAGLUTA, MANUEL 954 S.W. 87 CT. Suite 500				Name				
				Street Address (P.O. Box Number is Not Acceptable)				
Miami, FL 33175			63					
			84	City	F	L 85 2	Zip Code	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.05t egistered agent, or both, in the State im familiar with, and accept the oblig	02 and 607.1508, Florida Statutes, of Florida, Such change was aut ations of Section 607.0505, Florid	the abovi norized by la Statutes	e-named the corp 3.	corporation submits this statement for the purpose operation's board of directors. I hereby accept the a	of changing of oppointment	ng its registered as registered	
SIGNATURE	Signature, typed or printed name of registered ag	ort and lifte if applicable (NOTE, R	egistered Ago	ent signature	required when reinstating) DATE			
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12	
TITLE	DP	DELETE	1 1 TITLE			Chan	nge 🔲 Addition	
NAME	MAGLUTA, MANUEL 12N		12 NAME					
, · · · · · · · · · · · · · · · · · · ·			1.3 \$1REE1	ADDRESS				
CITY-ST-ZIP	**= =		1.4 CITY-ST-ZIP					

DELETE TITLE 211111 ☐ Change ☐ Addition MĂGLUTA, GLORIA A. NAME 2.2 NAME 954 S.W. 87 CT MIAMI, PL STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 41 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CiTY - ST - ZIP 4.4 CITY - ST - ZIP DELETE TITLE **5.2 NAME** STREET ADDRESS 5.3 STREET AUDRESS CITY-ST-ZIP 5.4 CITY - \$1 - 7IP **50000250606** -04/30/98--01007--013 ***158.75 DELETE TITLE 6 1 TITLE

6.4 C(1Y - ST) ZIP 14. Thereby 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 roport 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 13 if changed, or on an atlachment with an address.

€ 3 STRFFT ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

(305) 325-1206

Daytime Phone #

CR2E034 (10/97)