FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J80573 (5)

1. Corporation Name

~~CENTRES GROUP FLORIDA, INC.~~
CHARI, INC.

Principal Place of Business	Mailing Address
3250 MARY STREET SUITE 400 COCONUT GROVE FL 33133	3250 MARY STREET SUITE 400 COCONUT GROVE FL 33133

(X) NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1987	3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-2841779	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
7. This corporation has [illegible] for intangible tax (under S. 199.032 Florida Statutes) ☐ Yes ☐ No	

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite Apt. # etc. (22)	Suite Apt. # etc. (27)
City & State (23)	City & State (28)
Zip (24) / County (25)	Zip (29) / County (30)

9. Name and Address of Current Registered Agent

DITTMAR, DAVID P.
3250 MARY ST.
STE. 400
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

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 Section 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 and typed or printed name of registered agent and, if applicable, the office) (If changing Registered Agent, signature of new registered agent required)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	200001480592 -05/09/95--01099--025 ****200.00 ****200.00
NAME	DITTMAR, DAVID D.	12 NAME	
STREET ADDRESS	3250 MARY STREET #400	13 STREET ADDRESS	
CITY ST ZIP	COCONUT GROVE FL	14 CITY ST ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	KREISBERG, STEVEN E	22 NAME	
STREET ADDRESS	3250 MARY STREET #400	23 STREET ADDRESS	
CITY ST ZIP	COCONUT GROOVE FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	5/1/95 MB
CITY ST ZIP		44 CITY ST ZIP	
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 (We) 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 added above.

SIGNATURE: X _____ 4/28/95 (305) 442-4333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone Number)

0135004 CP