


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

**FILED**  
**Jun 10 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Morthant</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 13194**  
 1. Corporation Name  
**CHABRIL ENTERPRISES INC.**

Principal Place of Business <b>1705 SW 81ST AVE</b> <b>DAVIE, FL 33324</b>	Mailing Address <b>1705 SW 81ST AVE</b> <b>DAVIE, FL 33324</b>
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2. Principal Place of Business 21 <b>1705 SW 81ST AVE</b> Suite, Apt. #, etc. 22 <b>1705</b> City & State 23 <b>DAVIE, FL</b> Zip 24 <b>33324</b>	2a. Mailing Address 26 <b>1705 SW 81ST AVE</b> Suite, Apt. #, etc. 27 <b>1705</b> City & State 28 <b>DAVIE, FL</b> Zip 29 <b>33324</b>	Country 25 <b>U.S.A.</b>	Country 30 <b>U.S.A.</b>
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3. Date Incorporated or Qualified <b>09/05/89</b>	3a. Date of Last Report  
4. FEI Number <b>05-0141293</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BOLTON, DAVID</b> <b>2121 PENCE DE HON AVE 710</b> <b>CORAL GABLES FL 33134</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 BRIAN H SIBITO DATE 05/05/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P SIBITO, HEIK HEVE</b>	12 NAME	
STREET ADDRESS	<b>1705 SW 81ST AVE</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>DAVIE, FL 33324</b>	14 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VPT SIBITO, HILAN FLORENCE</b>	22 NAME	
STREET ADDRESS	<b>1705 SW 81ST AVE</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>DAVIE, FL 33324</b>	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANPS SIBITO, BRIAN HEVE</b>	32 NAME	
STREET ADDRESS	<b>1705 SW 81ST AVE</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>DAVIE, FL 33324</b>	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AS SIBITO, CHANTAL CARMEL</b>	42 NAME	
STREET ADDRESS	<b>1705 SW 81ST AVE</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>DAVIE, FL 33324</b>	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	<b>800002211838</b>
STREET ADDRESS		53 STREET ADDRESS	<b>-06/13/97--01088--013</b>
CITY-ST-ZIP		54 CITY-ST-ZIP	<b>***173.75</b>
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	<b>PE</b>
STREET ADDRESS		63 STREET ADDRESS	<b>610</b>
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: BRIAN H SIBITO DATE: 05/05/97 DAYTIME PHONE: 305-370-3841

CR2E034 (9/96)