

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

FILED
Feb 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L13194** (0)
1. Corporation Name
CHABRIL ENTERPRISES INC.



Principal Place of Business
**1765 SW 81ST AVE
DAVIE FL 33324**

Mailing Address
**1765 SW 81ST AVE
DAVIE FL 33324**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/05/1989	
21		26		4. FEI Number 65-0141293	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	Zip	25	Country	29	Zip
30	Country				

9. Name and Address of Current Registered Agent

**BOLTON, DAVID
2121 PONCE DE LEON STE 710
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIBILO, HENK H	12 NAME	
STREET ADDRESS	1765 S.W. 81ST AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33324	14 CITY-ST-ZIP	
TITLE	VPT	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIBILO, LILIAN F	22 NAME	
STREET ADDRESS	1765 S.W. 81ST AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33324	24 CITY-ST-ZIP	
TITLE	AVPS	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIBILO, BRIAN H	32 NAME	
STREET ADDRESS	1765 S.W. 81ST AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33324	34 CITY-ST-ZIP	
TITLE	AS	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIBILO, CHANTAL C	42 NAME	
STREET ADDRESS	1765 S.W. 81ST AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33324	44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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: *Lilian F. Sibilo*

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