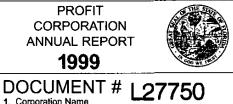
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 08, 1999 8:00 am Secretary of State

05-08-1999 90079 012 ***150.00

C.H.N.I.,	INC.				
Principal Plac	e of Business	Mailing Address		1 1861(8)7 818 (1911 1891) 1890 8111 8011 5181	#1911 E)E 61811 E 1 1 1 1
130 NORTH NOVA RD MARKETPLCE		% JOSEPH O. SCHNAUFER 145 COQUINA AVE		DO NOT WRITE IN TH	IS SPACE
ORMOND BEACH FL 32174 US		ORMOND BEACH FL 32174		3: Date incorporated or Qualifed	
		·		11/02/1989	
2. Principal Place of Business 2a. Mailing Address		2a. Mailing Address		4. FEI Number	Applied For
21	21 26			59-2978508	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	. Country	Zip 3	Country 0	This corporation owes the current year Personal Property Tax.	ntangible ☐ Yes ☐ No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registere	d Agent
			81 Name		
SCHNAUFER, JOSEPH O.			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
145 COQUINA AVE					
ORMOND BEACH FL 32174			83		
			84 City		85 Zip Code
			1 1 1	F	L ·
agent. I a	am familiar with, and account the oblig	ations of, Section 607, 9505, Follow	ra Statutes / 1		99
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	SCHNAUFER, JOSEPH O.		1.2 NAME		
STREET ADDRESS	145 COQUINA AVE		1.3 STREET ADDRESS		
CITY+ST+ZIP	ORMOND BEACH FL		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS	3		2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS	3		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS	6		4 3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	······	Doberto DAJAN-
TITLE .		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS	6		5.3 STREET ADDRESS		•
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition

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-end 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 or an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS