

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L50289** (2)

1. Corporation Name
CHAMEX INTERNATIONAL, INC.



Principal Place of Business: **2131 HOLLYWOOD BLVD SUITE 303 HOLLYWOOD FL 33020**
Mailing Address: **2131 HOLLYWOOD BLVD SUITE 303 HOLLYWOOD FL 33020**

3. Date Incorporated or Qualified: **02/09/1990**
3a. Date of Last Report: **04/25/1995**
4. FEI Number: **65-0190546**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, State, Apt., Etc.: 22, City & State: 23, Zip: 24, Country: 25
2a. Mailing Address: 26, State, Apt., Etc.: 27, City & State: 28, Zip: 29, Country: 30

9. Name and Address of Current Registered Agent

**ROBINSON, JOSEPH T
66 W FLAGLER ST
STE 500
MIAMI FL 33130**

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 Sections 607.0402 and 607.1505, 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0405, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PIHA, SALOMONE VITTORIO	
STREET ADDRESS	2131 HOLLYWOOD BLVD #303	
CITY-STATE-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PIHA, JUDY ANNE	
STREET ADDRESS	2131 HOLLYWOOD BLVD #303	
CITY-STATE-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	
18 CITY-STATE-ZIP	
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY-STATE-ZIP	
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY-STATE-ZIP	
27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	
30 CITY-STATE-ZIP	

14. I do hereby certify that the information appearing herein is voluntarily furnished and is true and correct for the corporation stated in Section 118.04(3)(k), Florida Statutes. I further certify that the information indicated herein is true and correct or supplemental annual report is true and correct 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 business emergency trustee of the corporation; and that my name appears in Block 12 or Block 13 of this annual report or an attached statement as requested by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this annual report or an attached statement as requested by Chapter 607, Florida Statutes.

SIGNATURE: *[Signature]* **VICTOR PIHA** PRESIDENT **9/29/96 (954) 9259885**
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)