

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L56229 (2)
1. Corporation Name
CHEVAL, INC.



Principal Place of Business
8325 NW 53RD STREET
STE #201-A
MIAMI FL 33166
US

Mailing Address
8325 NW 53RD STREET
STE #201-A
MIAMI FL 33166
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 10451 NW 33 Street		26 8525 NW 53 Street		03/06/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27 Suite 206		65-0176268	
City & State		City & State		Applied For	
23 Miami, FL		28 Miami, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33172		29 33166		8 X \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25		30 USA		Trust Fund Contribution	
				7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				8 Yes 8 No	

9. Name and Address of Current Registered Agent

MARTIN TABOR & ASSOCIATES
8325 NW 53RD STREET
STE #201-A
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name Martin Tabor & Associates
82 Street Address (P.O. Box Number is Not Acceptable) 10451 NW 33 Street
83
84 City Miami FL 85 Zip Code 33172

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 607.0605, Florida Statutes.

SIGNATURE: [Signature] DATE: 4/21/98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1.1 TITLE	1.1 TITLE	Change Addition
NAME	1.2 NAME	1.2 NAME	Change Addition
STREET ADDRESS	1.3 STREET ADDRESS	1.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP	1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP	Change Addition
TITLE	2.1 TITLE	2.1 TITLE	Change Addition
NAME	2.2 NAME	2.2 NAME	Change Addition
STREET ADDRESS	2.3 STREET ADDRESS	2.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP	2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP	Change Addition
TITLE	3.1 TITLE	3.1 TITLE	Change Addition
NAME	3.2 NAME	3.2 NAME	Change Addition
STREET ADDRESS	3.3 STREET ADDRESS	3.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP	3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP	Change Addition
TITLE	4.1 TITLE	4.1 TITLE	Change Addition
NAME	4.2 NAME	4.2 NAME	Change Addition
STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP	4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP	Change Addition
TITLE	5.1 TITLE	5.1 TITLE	Change Addition
NAME	5.2 NAME	5.2 NAME	Change Addition
STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP	5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP	Change Addition
TITLE	6.1 TITLE	6.1 TITLE	Change Addition
NAME	6.2 NAME	6.2 NAME	Change Addition
STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP	6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP	Change Addition

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: [Signature] DATE: 4/21/98 (305) 471-7767

CR2E034 (10/97)