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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

L83788

(4)

CHULLION	ENTERPRISES	IMITED	INC

0 100	THE ENTERN THOSE CHANGE	, 1110			
Principal Place o	f Business	Mailing Address			181 1816 81811 81817 81816 86816 81811 B(B)1 1881
MIAMI FL 33	AGLER ST SUITE 907	C/O R. TOUBY 19 WEST FLAGLER S MIAMI FL 33130	T SUITE 907	Date Incorporated or Qualified	3a. Date of Last Report
US		US		06/19/1990	04/24/1995
2. Principal Plac	e of Business	2a. Mailing Address	,	4. FEI Number	Applied For
21		26		NOT APPLICABLE	Not Applicable
Suite, Apt. #.	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Orty & State		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zιρ	Gountry	Zip	Country	8. This corporation has liability for i	
24	9. Name and Address of Curren	29	30	Florida Statutes Yes 10. Name and Address of New R	
SUITE 4 MIAMI F	st flagler St. 120 Fl 33130		83 84 City	ess (P.O. Box Number is Not Acceptab	FL 85 Zip Code
or registered familiar with SIGNATURE	the provisions of Sections 607.0502 diagent, or both, in the State of Horic, and accept the obligations of, Sectional accept the obligations of, Sectional accept the section of the secti	da, Such change was authorize ion 607,0505, Florida Statutes.	s, the above-named corpor d by the corporation's boar f flogstern(April squature capita	ation submits this statement for the pur d of directors. Thereby accept the appo	pose of changing its registered office onlinent as registered agent. I am
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFF	
TITLE	DP	☐ DELETE	1 TITLE		☐ Change ☐ Addition
NAME	TOUBY, R.		1.2 NAME		
STREET ADORESS	19 W. FLAGLER ST.		1.3 STREE! ADDRESS		
C(TY-ST-2IP	MIAMI FL		1.4 C(1V - S1 - Z(P		
TITLE	DS	DELETE	2.1 101:€		☐ Change ☐ Addit-on
NAME	TOUBY, K. P.		2.2 NAME		
STREET ADDRESS	57 SAMANA DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	☐ DELETE	2.4 C(TY - ST - Z)P 3.1 TITLE		Change Addition
TITLE NAME			3 2 NAME		Change E Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - Z-P			3 4 CITY - ST - ZIP		
TITLE		☐ DELETE	4 1 THLE		Change Addition
NAME		—	4.2 NAME		· —
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 C•TY - S1 - ZiP		
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAMÉ			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY - ST - ZIP		,	5.4 CH1Y - S1 - ZIP		·····
TITLE		☐ DELETE	õ 1 tiπLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5 4 CITY - ST - ZIP		
certify that t oath; that I	the information indicated on this ann	ual report or supplemental annu pration on the receiver or trusted	ial report is true and accura empowered to execute this	or the exemption stated in Section 119 ite and that my signature shall have the is report as required by Chapter 607, Fi	same legal effect as if made under

SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)