


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

020802

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90104 027 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L85362					
1. Corporation Name MOUNTAIN CHIEF, INC.					
Principal Place of Business % JUAN GONZALEZ 2401 COLLINS AVE MIAMI BEACH FL 33140			Mailing Address % JUAN GONZALEZ 2401 COLLINS AVE MIAMI BEACH FL 33140		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/06/1990	
21		26		4. FEI Number 65-0203980	Applied For Not Applicable
Suite, Apt #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		
9. Name and Address of Current Registered Agent GONZALEZ, JUAN 2401 COLLINS AVE MIAMI BEACH FL 33140				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 607.0502 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					
TITLE	D <input type="checkbox"/> DELETE				
NAME	GONZALEZ, JUAN				
STREET ADDRESS	2401 COLLINS AVE				
CITY-ST-ZIP	MIAMI BEACH FL				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-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-ST-ZIP					
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
22 NAME					
23 STREET ADDRESS					
24 CITY-ST-ZIP					
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
32 NAME					
33 STREET ADDRESS					
34 CITY-ST-ZIP					
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
42 NAME					
43 STREET ADDRESS					
44 CITY-ST-ZIP					
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
52 NAME					
53 STREET ADDRESS					
54 CITY-ST-ZIP					
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
62 NAME					
63 STREET ADDRESS					
64 CITY-ST-ZIP					

SIGNATURE: *Juan Gonzalez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN GONZALEZ

Date

3/14/99

Daytime Phone #

CR2E034 (11/98)