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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
Division of Corporations

DOCUMENT # M28774

(1)

CHATEAUBLEAU CORP.

Mailing Address Principal Place of Brisiness 2828 S.W. 112TH AVENUE 2828 S.W. 112TH AVENUE MIAMI FL 33165-2218 MIAMI FL 33165 3. Date Incorporated or Qualified 3a. Date of Last Report 03/12/1986 05/01/1996 4. FEI Number 2. Principa Place of Business 2a. Mailing Address Applied For 59-2687296 21 26 Not Applicable Suito Ant. #. etc. \$8.75 Additional Suite, Apt. #. etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28  $Z_{\rm ID}$ Country Country This corporation has liability for intangible tax under s. 199.032. Florida Statutes Yes No 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GARCIA, ANTONIO N 2828 S.W. 112TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33165** 63 84 City Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Fiorida 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 Franciscopic the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent a gnature required when rollistating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) OFFICERS AND DIRECTORS 12 13. Change Addition DELETE 1.1 TOTLE TITLE GARCIA, ANTONIO N 1.2 NAME NAME 2828 S.W. 112TH AVE. 1.3 STREET ADDRESS STREET ADDRESS **MIAM! FL 33165** 14 CITY - ST - ZIP C-TY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE GARCIA, MARGARITA NAME 2.2 NAME 2828 S.W. 112TH AVE. 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33165 2 4 City - ST - 7/F CITY ST-ZIP DILETE Change Addition 3.1 TITLE DILE NAME 3.2 NAMÉ 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-S1-ZIP CITY-ST-ZIF DELETE Change Addition 4.1 TITLE THE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST-ZIP

14. To hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included on this annual report or supplicatental 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 meiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Brock 13 if changed the manual 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Brock 13 if changed the manual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that

6.4 CITY - ST - ZIP

5 1 TITLE

5.2 NAME

6.1 100 F

6.2 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 C/TY - ST - ZIP

**SIGNATURE:** 

TITLE

NAM:

THE

STREET ADDRESS

STREET ADDRESS

CITY - ST - 709

MATURE AND TYPED OR PRIMED NAME OF SHAMING OFFICER OF DIRECTOR

DELE TE

DELETE

Am - 6- 97 305-266-7555

Change

\_\_ Addition

Adotion

**FILED** 

Jan 14 1997 8:00am

Secretary of State