

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

98 DEC -7 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **03000005701**
1. Corporation Name
CHAS FINANCIAL SERV & INSURANCE INC
175 FOUNTAINBLEAU BLVD, SUITE 201
MIAMI FLA 33172

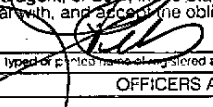
Principal Place of Business Mailing Address
175 FOUNTAINBLEAU BLVD, SUITE 201
MIAMI, FLA 33172

700002708077--2
-12/09/98--01113--013
*******61.25 *****61.25**
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 175 FOUNTAINBLEAU BLVD.		2a. Mailing Address 26 SAME		4. FEI Number 65-0287274		Applied For Not Applicable	
Suite, Apt. #, etc. 22 201		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input checked="" type="checkbox"/> YES		\$8.75 Additional Fee Required	
City & State 23 MIAMI FLA		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 24 33172		Country 25 USA		29		30	
Country 25		Zip 29		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MARIA CECILIA PETERS 497 N.W 98 CT MIAMI, FLA 33172				10. Name and Address of New Registered Agent 81 Name LOURDES F. PETERS 82 Street Address (P.O. Box Number is not Acceptable) 13386 N.W 8 ST 83 84 City MIAMI FL 85 Zip Code 33182			
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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  DATE **11/19/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input checked="" type="checkbox"/> DELETE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.1 TITLE PRESIDENT							
1.2 NAME LOURDES F. PETERS							
1.3 STREET ADDRESS 13386 N.W 8 ST							
1.4 CITY-ST-ZIP MIAMI, FLA 33182							
2.1 TITLE VICE-PRESIDENT				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME CHARLES M. PETERS							
2.3 STREET ADDRESS 497 N.W 98 COURT							
2.4 CITY-ST-ZIP MIAMI, FLA 33172							
3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME							
3.3 STREET ADDRESS							
3.4 CITY-ST-ZIP							
4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME							
4.3 STREET ADDRESS							
4.4 CITY-ST-ZIP							
5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME							
5.3 STREET ADDRESS							
5.4 CITY-ST-ZIP							
6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME							
6.3 STREET ADDRESS							
6.4 CITY-ST-ZIP							

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 for on an attachment with an address.

SIGNATURE:  **LOURDES F. PETERS** DATE **11/19/98** DAYTIME PHONE # **(305) 225-9989**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/98)