PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P93000008581

CHS TECHNOLOGIES, INC.

APPROVED

1998 HAY 27 图 中 05

CECKETARY OF STATE TALLAMASSEE, FLORIDS

Principal Plac	e of Business	Mailing Address						
2153-N	I-W. 86 Avenue	2153 N.W. 86 Avenue						
Miami, FL-33122		Miami, FL 33122			DO NOT WRITE IN THIS SOACE			
rizum I j	LU STEE		-			11 1110 37	AUE	
					02/03/93			
9 Principal D	lace of Business	2a. Mailing Address			l'''		1 IA.	onlind For
	N.W. 84 Avenue		Avenue		l '			
Suite, Ap1		Suite, Apt. #. etc.						
22	.,	27			5. Certificate of Status Desired	· LJ		
City & Stat	8	Criy & State			6. Flection Campaign Financing			
Miami	, Florida	Miami, Florie	da		Trust Fund Contribution			
Zip	Country	Zip	Country		8. This corporation owes or has pai	d the curre		
33122	USA	├──	- ·					
	9. Name and Address of Current							
			81 N	lame	tion Commiss Commiss			
	Kyle R.							
169 E :	-Flagler Street					101		
	lfred I. Dupont Bldg	4	83					
Miami-	-FL-33131		ي ابيا					
Ţ			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_ 7 7 _ 1	5599	FI		~ ~ ~ ~ 4
11. Pursuant	to the provisions of Sections 607 0502	and 607,1508, Florida Statutes,	the above-na	aned corpor	ration submits this statement for the p	urpose of c	hanging il	ts registered
office or r	egistered agent, or both, in the State of	Florida Such change was auth	Signet Address (PO Box Number is Not Acceptable) 1201 Hays Street Bas authorized by the corporation submits this statement for the purpose of changing its registered as authorized by the corporations board of directors. I hereby accept the appointment as registered as authorized and signet are residently as a CPO N.W. 84 Avenue N.W. 85 Avenue N.W. 84 Avenue N.W. 84 Avenue N.W. 84 Avenue N.W. 85 Avenue N.W. 8					
agent. La	mamiliar with and accept the jobiligan	ACA FIGURE BUT. USUS, FIGUR	Karen R	Dozen	An Yan A	、77	54	
SIGNATURE .	Signature, your or printed name of registered arount					DATE	/ · ·	
12.	OFFICERS AND					ERS AND I	DIRECTOR	RS IN 12
TITLE	4-	DELETE	1.1 TITLE	Pre	esident		Change	X Addition
NAME	Gallagher, John B.		1.2 NAME	08	orio,			
STREET ADDRESS	2701 Sea Island Dr.	ve-	1.3 STREET ADD					
CITY-ST-ZIP	Ft Lauderdale, Flo		1.4 CITY-ST-Zi	e Mia	ami, Florida 33122			
TITLE	· C/T	XI DELETE	2.1 TITLE	Sec	retary and CFO		Change	Addition
NAME	Shielder Harry D.		2.2 NAME	Bau	itista, Ray			
STREET ADDRESS	808 Third Avenue S	,	2.3 STREET ADD	DRESS 200	00 N.W. 84 Avenue			
CITY-ST-ZIP	Nachville, Tennesso			IMia	ami, Florida 33122			
WHITE		DELETE			asurer		Change	R Addition
NAME				Dan	isovsky. Steve	-		
STREET ADDRESS	ĺ ,			200	00 N.W. 84 Avenue			
-				Mia	ımi, Florida 33122			
CITY-ST-ZIP		DELETE			cector		Change	X Addition
NAME		- Decemb		0so	rio, Claudio	_		AND CONTROL
				200	∪ N.W. 84 Avenue			
STREET ADDRESS				™tsa Mia	mi, Florida 33122			
CITY-ST-ZIP		□ DELETE		17			T Change	Addition
TITLE		□ Octen	į.	}	70000	ാട്ടമ്		ADDITION
NAME			*		-0E/	05798-	-0104	ั๋ยการ
STREET ADDRESS					東東東	ĸŠĠŇ. 'n	() /**	***350.0
CITY - ST - ZIP		Double Park		IP				<u></u>
TITLE		☐ DELETE	1			L	- Kualuo W	Addition
NAME			6.2 NAME			/	κ	> /
STREET ADDRESS			6.3 STREET ADD	DRESS		- 1	-1 \wedge	
CITY - ST - ZIP			64 CITY - ST - ZI	ı₽ 1		1	- 17.	/

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 conformation or the receiver of 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 of the information indicated on this 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 conformation or the receiver of 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 of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE: