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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 13 1998 8:00am Secretary of State

Taylo N.W. 19TH AVE B1	DOCUMENT # P9300041657 (6) CHS PERFORMANCE, INC.							
PB-1	Principal Place of Business Mailing Address							
PB-1	13740 N.W. 19TH AVE. 13740 N.W. 19TH AVE.							
2. Principal Place of Business 2a. Mailing Address 2a. Mailing	#B-1							
2.	OPA LOCKA FL 33054 OPA LOCKA FL 33054							
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City & State	Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				— \$8.75 Additional
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28	Zip		Country	· • · · · · · · · · · · · · · · · · · · 	4 ·· · · · · · · · · · · · · · · · · ·			
SANCHEZ, CARLOS H 13740 N.W. 19TH AVE. B-1 OPA LOCKA FL 33054 11. Pursuant to the provisions of Socions 607,0502 and 607,1508, Florida Statules, the above-amend corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florids. Such change was written and the provisions board of directors. I hereby accept the appointment as registered office or registered agent or both, in the State of Florids. Such change was written as registered office or registered office or registered office or registered of the chiganeous for the chiganeous for foots. Such change was written as registered office or registered of directors. I hereby accept the appointment as registered office or registered of the chiganeous for the provisions for the chiganeous for the chiga	24	25 29 30						
13740 N.W. 19TH AVE. B-1 OPA LOCKA FL 33054 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 City FL 85 Zip Code 84 City FL 85 Zip Code 85 Zip Code 86 Zip Code 87 Zip Code 88 Zip Code 89 Zip Code 80				Registered Agent		1		10, Name and Address of New Registered Agent
B-1 OPA LOCKA FL 33054 11. Pursuant to the provisions of Socians 607 0502 and 607 1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or rogation or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or rogation and time above in the other provisions of Socians 607 0502, Florida Statutes, the above-named corporations board of directors. I hereby accept the opposition-rate and time and registered season of Socians 607 0502, Florida Statutes, the above-named corporations board of directors. I hereby accept the opposition-rate and time and registered season of Socians 607 0502, Florida Statutes, the above-named corporations board of directors. I hereby accept the opposition-rate and time and registered season of Socians 607 0502, Florida Statutes, the above-named corporations board of directors. I hereby accept the opposition-rate and time and registered season of Socians 607 0502, Florida Statutes, the above-named corporations board of directors. I hereby accept the opposition-rate registered season of Socians 607 0502, Florida Statutes, the above-named corporations board of directors. I hereby accept the opposition-rate registered season of Socians 607 0502, Florida Statutes, the above-named corporations board of directors. I hereby accept the opposition-rate registered season of Socians 607 0502, Florida Statutes, the above-named corporations board of directors. I hereby accept the objectors are registered season of Socians 607 0502, Florida Statutes, the above-named corporations board of directors. I hereby accept the objectors are registered season of Socians 607 0502, Florida Statutes, the above-named corporations board of directors. I hereby accept the objectors are registered season of Socians 607 0502, Florida Statutes, the above-named corporations board of directors. I hereby accept the objectors are registered season of Socians 607 0502, Flor						81	Name	
OPA LOCKA FL 33054 83 84						82	Street Add	dress (P.O. Box Number is Not Acceptable)
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11. Pursuant to the provisions of Socions 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent 1 and familiar with, and accept the obligations of, Section 607.6505, Florida Statules. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE OFFICERS AND DIRECTORS 1.11 TITLE SANCHEZ, CARLOS H 13740 N.W. 1911 AVE. #B-1 OPA LOCKA FL 33054 1.4 GITY-ST-2IP TITLE OPA LOCKA FL 33054 1.5 SIRECT ADDRESS CITY-ST-2IP TITLE OBLETE 3.1 TITLE OBLETE 3.3 SIRECT ADDRESS CITY-ST-2IP TITLE OBLETE 3.4 GITY-ST-2IP TITLE OBLETE 3.5 SIRECT ADDRESS CITY-ST-2IP OBLETE 3.6 SIRECT ADDRESS CITY-ST-2IP TITLE OBLETE 3.7 SIRECT ADDRESS CITY-ST-2IP OBLETE 3.8 SIRECT ADDRESS CITY-ST-2IP OBLETE 3.5 SIRECT ADDRESS CITY-ST-2IP OBLETE 5.5 SIRECT ADDRESS CITY-ST-2IP Change Addition Addition Addition Addition Addition Addition Change Change Addition Addition Addition Change Change Addition Addition Change Addition Change Change Addition Addition Change	UPA LUCKA FL 33054					0.3		
11. Pursuant to the provisions of Socians 677,0502 and 607 1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Socians 607,0505, Florida Statules. SIGNATURE						84 City 85 Zip Code		
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SIGNATURE Signature System for printed name of agoliteatian path (NOTE Registrored Agont signature required when reinstalating) DATE	office or r agent. I a	regi ste red ag am f a miliar wi	ent, or both, in the State o th, and accept the obligati	of Florida. Such change ions of, Section 607.05	e was authorized 505. Florida Statu	l by iles	the corpora	ation's board of directors. I hereby accept the appointment as registered
12.								
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NAME SANCHEZ, CARLOS H 13740 N.W. 19TH AVE. #B-1 1.3 SIREET ADDRESS CITY-ST-ZIP OPA LOCKA FL 33054 1.4 CITY-ST-ZIP Change Addition		<u> </u>	OFFICERS AND				··· ·· · · · · · · · · · · · · · · · ·	
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CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes 1 further certify that the information			.,	11: 10:				

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 eath; that I am an officer or director of the corporation or the receiver. If justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if granged, or or an attachment with an address.