

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000023395

1. Corporation Name

CTING CHACH ACCEC INC

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90065 024 ***150.00

Principal Plac	e of Business	Mailing Address				- I (BECIDEE UIT IBUIL BERFE BEFEL BEFUL BEUT BEUT	B Be ber i tten ett	A (Affi Affi (AA)
		4543 N. PINE ISLAND RD						
4543 N. PINE ISLAND RD 4543 N. PINE ISLAND RD SUNRISE FL 33351 SUNRISE FL 33351								
						DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualifed		
						03/23/1994		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	A	pplied For
21		26				65-0472302	N	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_	5 Certificate of Status Desired	\$8.75	Additional
22		27				5. Certifcate of Status Desired	Fee F	tequired
City & Stat	ie	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Сои	ntry		8. This corporation owes the current year In	ntangible	
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	ent Registered Agent	' 			10. Name and Address of New Registered	Agent	
				81 Na	me			
POR	ITAL, RAFAL							
	3 N. PINE ISLAND RD			82 Str	eet Addre	ess (P.O. Box Number is Not Acceptable)	•	ļ
	IRISE FL 33351		-	83				
00	102120001			83				
	•		İ	84 Cit			85 Zip	Code
				- 1		F		
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State or familiar with, and accept the oblig	e of Florida. Such change was a	ıuthorized	by the c	orporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appoint	of changing it pintment as r	s registered egistered
_	an farmar war, and accept the cong		mod Digita					
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE	: Registered	Agent signa	ture required	when reinstating) DATE		———
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE	PT	☐ DELETE	1,1 TIT	÷				
NAME			1.1 111	ᄹ	- 1		Change	☐ Addition
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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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR