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

DOCUMENT # 1. Corporation Name

P94000036380 (1)

CHARITZ, INC.

Mailing Address
CHARITZ INC.
PO BOX 810954
BOCA RATON FL 33491
2a. Mailing Address

FILED Feb 03 1998 8:00am Secretary of State



201 S BISCAYNE BLVD SUITE 900 MIAMI FL 33131 US		PO BOX 810954 BOCA RATON FL 33481		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
					05/09/1994		
	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21 Cuite Ant	4 - 20	26			65-0489601		Not Applicable
Suitg. Apt. #, etc. 22 10. 60x 970107		Suite, Apt. #, etc. 27 D.C. BOX 970107 City & State 28 COCOUNT CNESS FL.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	NOT CREEK FL.	City & State		FC.	6. Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
24 2330	97 Country 25		Country 30		This corporation owes or has paid the cu Personal Property Tax due June 30.		ntangible No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	
KAI	Nouse, Keith J. Esq		81	Name			
242	24 N. FEDERAL HWY, SUITE 353		82	Street Ad	Idress (P.O. Box Number is Not Acceptable)		
BO	CA RATON FL 33431						
			83				
			84	City		85 Zip	Code
44 5					<u> </u>	. ' '	
office or re	ogistered agent, or both, in the Stale of familiar with, and accept the obligation	and 607.1508, Florida Statute f Florida. Such change was al ons of, Section 607.0505, Flor ons of, Section 607.0505, Flor	is, the above-r uthorized by tl rida Statutes.	named co he corpor	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the app	I changing pointment a	its registered s registered
SIGNATURE	Signature, typod or printed name of registered agent.				guired when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	BS IN 12
TITLE	PS	☐ DELETE	1.1 TOLE			Change	
NAME	COHEN, LORI		1.2 NAME			v	11/14
STREET ADDRESS	901 N UNIVERSITY DR.		1.3 STREET AD	DRESS	P.G. BOX 970107		I DIVI I
CITY-ST-ZIP	PEMBROKE PINES FL 33024		1.4 CITY - ST - 2	ZIP I	0.6.80×970107 COCOPUT CNESK FL.3	3097	$ \mathbf{I} P $
TITLE	٧T	DELETE	2.1 TOTLE		•	Change	☐ Addition
NAME	FERNANDEZ, SERGIO		2.2 NAME		100 100 000 000		,
STREET ADDRESS	5026 SW 147 PL		2.3 STREET AD	DRESS .	10 804 470107	/	U/A
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-S1-	ZIP	10 BOX 970107 COCOPIOT CARRE FL. 330	297'	//~
TITLE		DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			32 NAME				
STREET ADDRESS			3 3 STREET AD	DRESS			
CITY-ST-ZIP		Destre	3.4. CITY - ST	ZIP	<u> </u>		
TITLE		DELETE	4.1 TITLE			L Change	☐ Addition
NAME OTOTET ADODESS			4. 2 NAME				ľ
STREET ADORESS			4.3 STREET AD				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - Z 5.1 TITLE	JP		Chart	T Addition
NAME		☐ Occeie				☐ Change	Addition
STREET ADDRESS			5.2 NAME	DDCCO			
CITY-ST-ZIP			5.3 STREET ADI				
TITLE		DELETE	5.4 CITY-ST-7 6.1 TITLE	IP		Change	Addition
NAME		_ pereir	6.2 NAME				☐ Accilion
STREET ADDRESS			6.3 STREET ADD	nacce			ľ
CITY-ST-ZIP							
U111-31-41P			6.4 CITY - S1 - Z	JP T			

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, or on an attachment with an address.