SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sanora B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P94000051242 (3) DOCUMENT # CHIPA CORPORATION Principal Place of Business Maling Address 10114 MILITARY TRAIL 10114 MILITARY TRAIL **BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436** 3. Date Incorporated or Qualified 3a. Date of Last Report 07/07/1994 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0503582 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired. 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Country Country 8. This corporation has liability fo<u>r intangible tax under s</u> 199 032 24 25 29 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PATEL, USHA V 10114 MILITARY TRAIL 82 Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33436** 83 84 City 65 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's hoard 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 Signature, type thospell, cultiform of registered agent and tilled applicable (North Registered Agest signature required when receduling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/E)TITLE DELETE 1.1 THE Change Addition NAME PATEL, USHA V 1.2 NAME CR2E034 STREET ADDRESS 10114 MILITARY TRAIL 1.3 STREET ADDRESS C(TY+ST-Z(P **BOYNTON BEACH FL 33436** 1 4 CHTY - ST - ZIP TITLE DELETE 2.1 IIILE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY - ST. ZIP TITLE DELETE 3 1 TITLE Change Add-tion NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CHTY-ST-ZIP TITLE DELETE Change Addition 41 TILE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST-ZIP 4.4 C-TY - ST - ZIP TITLE DELETE 5.1 TiTLE Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TIFLE DELETE 6.1 TITLE Charige Addition NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY-ST-ZIP 64 CITY - ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 arri an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes and that my name appears in Brock 12 or Block 13 if changed, or on an attachment with an address SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 732-0083

SIGNATURE: