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 # P94000057299 (7)

CHICHY ENVIOS INC.

-

FILED Apr 10 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 5356 W 12TH AVE 5358 W 12TH AVE HIALEAH FL HIALEAH FL DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/01/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0567127 Not Applicable Suite, Apt. #, etc. Suite. Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Zip Country 8. This corporation owes or has paid the current year Intaggible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PENA. ANDRES 5358 W 12TH AVE Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 83 84 City Zip Code 11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 11 TITLE PENA, ANDRES NAME 1.2 NAME 7644 W 30TH LN STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL 33016 CITY-ST-ZIP 1.4 City-St-7iP DELETE TITLE 2.1 TITLE ☐ Change Addition PENA, VERONICA NAME 2.2 NAME 7644 W 30TH LN STREET ADDRESS 2.3 STREET ADDRESS HIALEAH FL 33016 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADORESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE Change Addition 61 TITLE MAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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. I further certify that the information indicated on this annual report or supplemental armival 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 officer or director of the corporation or the officer or director of the corporation or the officer of corporation or the officer of corporation or the officer of the corporation or the officer of corporation or corporation or the officer of corporation or corporation or corporation or corporation or corporation

SIGNATURE:

ANDRES TENA

4/2/9

201-827-2585

CRZEG94