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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400057299

FILED Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90033 025 ***150.00

| CHICHY | ENVIOS INC | | | | | | | |
|--|---|--|--|---|--|--|--|--|
| Principal Place | e of Business | | Mailing Address | | | | HAN BYNY NÔDYN HYDIR I | |
| 5358 W 12TH AVE 5358 W 12TH AVE | | | | | c | | | |
| HIALEAH FL HIALEAH FL | | | | | | | | |
| | | | | | | DO NOT WRITE IN TH | IIS SPACE | |
| | | | | | | 3. Date Incorporated or Qualifed 08/01/1994 | | |
| 2 Dringing D | lace of Business | | 2a. Mailing Addre | ace. | | 4. FEI Number | Ann | lied For |
| — · | lace of business | | 26 Waning Addre | -33 | | 65-0567127 | <u> </u> | Applicable |
| Suite, Apt. | #. etc. | | Suite, Apt. #, | etc. | | _ | \$8.75 A | |
| 22 | | | 27 | | | 5. Certificate of Status Desired | , Fee Rec | |
| City & Stat | e | ا مینیمسیده درسیات با اینیمیا | City & State | | | 6. Election Campaign Financing | \$5.00:1 | May.Be |
| 23 | | | 28 | | | Trust Fund Contribution | Added to | Fees |
| Zip | | Country | Zip | Cou | intry | 8. This corporation owes the current year | | |
| 24 | 25 | | 29 | 30 | | Personal Property Tax. | | ØNo |
| | 9. Name and | Address of Current | t Registered Agent | | 81 Name | 10. Name and Address of New Registere | a Agent | |
| PEN | A, ANDRES | | | | | | | |
| 5358 | B W 12TH AVE | • | | | 82 Street Addr | ress (P.O. Box Number is Not Acceptable) | | |
| HIAL | .eah fl | 3° 3° | | | 83 | | 1,111,111 | 3 3 7 5 |
| 1 P | • | | Y 7 . | | | The state of the s | 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | . 318 45 |
| | | | | | 84 City | | 85 Zip C | 000 |
| | | | بالعالة فاست | | 1 1 | | L | |
| 11. Pursuant | to the provisions | of Sections 607.0502 | 2 and 607.1508, Florid | la Statutes, the at | bove-named corp | | of changing its r | registered |
| 11. Pursuant office or r | to the provisions egistered agent, m familiar with, a | of Sections 607.0502 or both, in the State ond accept the obligat | 2 and 607.1508, Florid of Florida. Such changions of, Section 607.0 | da Statutes, the at ge was authorized 1505, Florida Statu | bove-named corp by the corporation test | poration submits this statement for the purpose on's board of directors. Thereby accept the app | of changing its recointment as reg | registered istered |
| , agent. I a | to the provisions egistered agent, im familiar with, a | of Sections 607.0502 or both, in the State on accept the obligat | 2 and 607.1508, Florid of Florida. Such chang ions of, Section 607.0 | da Statutes, the at ge was authorized 505, Florida Statu | bove-named corp I by the corporation utes. | | of changing its recointment as reg | egistered istered |
| signature | m familiar with, a | nd accept the obligat | t and title if applicable. | (NOTE: Registered | utes. | poration submits this statement for the purpose on's board of directors. I hereby accept the appear of the purpose ad when reinstating). | | . |
| agent. Fa SIGNATURE 12. | Signature, typed or pri | nd accept the obligat | t and title if applicable. D DIRECTORS | (NOTE: Registered | Agent signature require | poration submits this statement for the purpose on's board of directors. I hereby accept the appear of the purpose ad when reinstating). DATE ADDITIONS/CHANGES TO OFFICERS | AND DIRECTOR | R\$ IN 12 |
| SIGNATURE 12. | Signature, typed or pri | nd accept the obligat | t and title if applicable. | (NOTE: Registered | Agent signature require | poration submits this statement for the purpose on's board of directors. I hereby accept the appear of the purpose ad when reinstating). | | . |
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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 changed, or the receiver or trustee empowered.

SIGNATURE: