

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000059384 (5)

1. Corporation Name

CHAMELEON CONCEPTS, INC.



Principal Place of Business

3525 NE 163RD ST
N MIAMI BEACH FL 33160

Mailing Address

3525 NE 163RD ST
N MIAMI BEACH FL 33160

2. Principal Place of Business

2a. Mailing Address

21 3801 Hollywood Blvd

26 3801 Hollywood Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 101

27 Suite 101

City & State

City & State

23 Hollywood FL

28 Hollywood FL

Zip

Zip

Country

Country

24 33021

25 USA

29 33021

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
08/09/1994

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0518361

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

LOTSPEICH, BRADSHAW
950 S MIAMI AVE
MIAMI FL 33130-4121

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 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 typed or printed for use of registered agent or director, as applicable.

Signature typed or printed for use of registered agent or director, as applicable.

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D VASU, MARK
STREET ADDRESS 3525 NE 163RD ST.
CITY-STATE-ZIP N MIAMI FL

TITLE ☐ DELETE
NAME D DELANEY, GERARD
STREET ADDRESS 3525 NE 163RD ST.
CITY-STATE-ZIP N MIAMI FL

TITLE ☐ DELETE
NAME D MILLER, SHANNON
STREET ADDRESS 3525 NE 163RD ST.
CITY-STATE-ZIP N MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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)(g), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96

954-964-9993

CR2E034 (12/95)