FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000083384 (5)

CHOUBY INTERNATIONAL SERVICES, INC.

FILED Feb 21 1997 8:00am Secretary of State



Principal Plac	o of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	:	·				
3560 N.W. 34T MIAMI FL 3314	H ST.	3560 N.W. 34TH ST. MIAMI FL 33142-5749					٠.	· :	
						3. Date incorporated or Qualified 11/15/1994		ate of Last F 29/1996	Report
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	1		pplied For
21		26			<u></u>	65-0548549			lot Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.				5. Certificate of Status Desired			Additional Required
City & Stat	e	City & State			,	Election Campaign Financing Trust Fund Contribution	П		May Be I to Fees
Zip	Country	Zip	Cou	nlry	· · · · · · · · · · · · · · · · · · ·	8. This corporation has liability for in	ntangible		
24	25	29	30				<u> </u>	□ No	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	pistered	Agent	
	ITIN, ERIC			81	Name				
	0 N.W. 34 ST. MI FL 33142		82 Street Addre			ass (P.O. Box Number is Not Acceptab	le)		***************************************
MIA	MI PL 33142			63					
1				-					
				84	City		FL	65 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508, Florida Stat	lutes, the al	3006	e-named corpo	oration submits this statement for the pon's board of directors. I hereby accep		f changing	its registered
office or i	registered agent, or both, in the Stat im familiar with, and accept the oblig	e of Florida. Such change wa gations of, Section 607.0505,	s authorize Florida Stat	d by Lutes	/ the corporations.	on's board of directors. I hereby accep	it the app	ointment a	s registered
SIGNATURE									
	Signature, typed or printed name of registered as	<u> </u>		d Age	ent signature require		DATE		
12.	OFFICERS AT	ND DIRECTORS DELETE	13.	TI E		ADDITIONS/CHANGES TO OFFIC	ERS AN	D DIRECTO Change	************
NAME	JUSTIN, ERIC	L.,J DELETE	1.7 11 1,2 N/					FTI CHANGE	L.J Addition
STREET ADDRESS	100 N.E. 207 ST.				ADDRESS				
CITY-S1-ZIP	NORTH MIAMI BEACH FL 33	179			ST-ZIP				
TITLE	Ь	DELETE	2.1 10		11-511		······	Change	Addition
NAME	JUSTIN, MARYSE		2.2 N					•	
STREET ADDRESS	100 N.E. 207 ST.		2351	REET	ADDRESS				
CITY - S1 - ZIP	NORTH MIAMI BEACH FL 33	179	2.40	ITY-5	ST-2IP				
TITLE		☐ DELETE	3.1 TI					Change	Addition
NAME			3.2 N/	AME					
STREET ADDRESS			3.3 \$1	REET	ADDRESS				
CITY-ST-ZIF					ST-21P			-	
TITLE		DELETE	4.1 1)					Change	Addition
NAME			4.2 N						
STREET ADDRESS					ADDRESS				
City - St - ZiP		DELETE	4,4 CI 5,1 TI		ST-ZIP			Change	Addition
TITLE		F" DEFEIG	5.1 11 5.2 N/					LILL CHANGE	ויטוווטרו ניייז
NAME STORET ADDRESSE					ADDRECC				
STREET ADDRESS					ADDRESS				
CITY-ST ZIF		DELETE	5.4 CI		ST-ZIP			☐ Change	Addition
NAME		Lad Office	6.2 N					- Augusto	ricanion)
STREET ADDRESS					ADDRESS				
			l l						
City-ST-ZIP	1	and the train filling all and and			ST-ZIP	in Continue 110 07/09/3 Florido Proteito	. 14		

I do 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 emprovered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607 on an attachment with an address.

SIGNATURE:

s arounted