

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

FILED

Apr 15 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # P94000088391 (5)**

1. Corporation Name  
**CHECHO'S, INC.**

Principal Place of Business  
**2450 HOLLYWOOD BLVD.**  
**STE. 202**  
**HOLLYWOOD FL 33020**

Mailing Address  
**2450 HOLLYWOOD BLVD.**  
**STE. 202**  
**HOLLYWOOD FL 33020-6620**



<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		<b>3. Date Incorporated or Qualified</b> <b>12/06/1994</b>	<b>3a. Date of Last Report</b> <b>05/01/1996</b>
		<b>4. FEI Number</b> <b>65-0571371</b>		Applied For <input type="checkbox"/> Not Applicable	
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

<b>9. Name and Address of Current Registered Agent</b> <b>CARY, FREDERICK A</b> <b>500 E BROWARD BLVD SUITE 1050</b> <b>FT LAUDERDALE FL 33394</b>				<b>10. Name and Address of New Registered Agent</b> 81 Name <b>GOMEZ, AURORA</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2450 Hollywood Blvd. Suite 202</b> 83 84 City <b>Hollywood</b> <b>FL</b> 85 Zip Code <b>33020</b>			
---	--	--	--	--	--	--	--

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 **Aurora Gomez** (NOTE: Registered Agent signature required when reinstating) DATE **4/3/97**

<b>12. OFFICERS AND DIRECTORS</b>				<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>			
TITLE <b>PVST</b> NAME <b>CECIARELLI, LISE</b> STREET ADDRESS <b>2450 HOLLYWOOD BLVD SUITE 202</b> CITY-ST-ZIP <b>HOLLYWOOD FL</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>VSD</b> 1.2 NAME <b>EVERY-CLAYTON, LISA</b> 1.3 STREET ADDRESS <b>20355 N.E. 34th. Court Apt. 2722</b> 1.4 CITY-ST-ZIP <b>North Miami Beach, FL 33180</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> DELETE	2.1 TITLE <b>PTD</b> 2.2 NAME <b>CECIARELLI, ANGELO</b> 2.3 STREET ADDRESS <b>20355 N.E. 34th. Court Apt. 2722</b> 2.4 CITY-ST-ZIP <b>North Miami Beach, FL 33180</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> DELETE	3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> DELETE	4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> DELETE	5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> DELETE	6.1 TITLE  6.2 NAME  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				

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

SIGNATURE: *Lisa Every-Clayton* DATE **4/3/97** (954) 925-7715

CR2E034 (9/96)