

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

FILED

Feb 25 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **P95000012861 (7)**

1. Corporation Name  
**CHAMP HOLDINGS, INC.**

Principal Place of Business  
**1500 SAN REMO AVE. 180  
CORAL GABLES FL 33146**

Mailing Address  
**1500 SAN REMO AVE. 180  
CORAL GABLES FL 33146**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/15/1995**

4. FEI Number

**65-0575094**

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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**M & W AGENTS, INC.  
9100 S DADELAND BLVD, PH 1  
MIAMI FL 33156**

10. Name and Address of New Registered Agent

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PSTD  
CHIAMPESAN, GIOVANNI  
770 CLAUGHAN ISLAN 1009  
MAIMI FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
CHIAMPESAN, ALESSANDRO  
800 CLAUGHTON ISLAND DR #2005  
MIAMI FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PSTD  
CHIAMPESAN, GIOVANNI  
800 CLAUGHTON ISLAND DR #2005  
MIAMI FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PSTD  
CHIAMPESAN, GIOVANNI  
800 CLAUGHTON ISLAND DR #2005  
MIAMI FL**

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

**PSTD  
CHIAMPESAN, GIOVANNI  
800 CLAUGHTON ISLAND DR #2005  
MIAMI FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

☐ Change ☐ Addition

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 on an attachment with an address

SIGNATURE: **GIOVANNI CHIAMPESAN** 19 FEB 98 4209661-9819

CR2E034 (10/97)