

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

FILED

Mar 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000018232 (5)

1. Corporation Name
CHAMPION U.S.A., INC.

Principal Place of Business

~~8350 SW 118 PL~~
MIAMI FL 33186

Mailing Address

~~8350 SW 118 PL~~ 9341
MIAMI FL 33186-2131



2. Principal Place of Business

21 8357 NW 66 ST.
Suite, Apt. #, etc.

22 City & State
MIAMI FL 33166

24 Zip Country

25

2a. Mailing Address

26 8357 NW 66 ST. 33166
Suite, Apt. #, etc.

27 City & State
MIAMI, FL 33166-2131

29 Zip Country

30

3. Date Incorporated or Qualified

03/03/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0558583

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

9. Name and Address of Current Registered Agent

MAHTANI, GUL N
~~8350 SW 118 PL~~
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name

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

9341 SW 118 PLACE

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 PD
NAME MAHTANI, GUL N
STREET ADDRESS ~~8350 SW 118 PL~~
CITY - ST - ZIP MIAMI FL 33186

☐ DELETE

TITLE VSD
NAME MAHTANI, GOBIND P
STREET ADDRESS ~~8350 SW 118 PL~~
CITY - ST - ZIP MIAMI FL 33186

☐ DELETE

TITLE TD
NAME ENSIGNIA, DAVID S
STREET ADDRESS ~~8350 SW 118 PL~~
CITY - ST - ZIP MIAMI FL 33186

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

9341 SW 118 PLACE

1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

9341 SW 118 PLACE

2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

9341 SW 118 PLACE
MIAMI, FL 33186

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 or as a change or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-07-97

Date

305-6409886

Daytime Phone #

CR2E034 (9/96)