

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

FILED
Apr 06 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 # P95000020476 (4)
 1. Corporation Name
CHAPLE INVESTMENT ORGANIZATION INC.



| | |
|--|--|
| Principal Place of Business 8357 W FLAGLER ST SUITE 227 MIAMI FL 33144 US | Mailing Address 8357 W FLAGLER ST SUITE 227 MIAMI FL 33144 US |
|--|--|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/13/1995

| | | | |
|--|--|---------------------------|---------------------------|
| 2. Principal Place of Business 21 8357 W Flagler st Suite, Apt. #, etc. 22 104 City & State 23 MIAMI FLA Zip 24 33144 | 2a. Mailing Address 26 8357 West Flagler st Suite, Apt. #, etc. 27 104 City & State 28 MIAMI FLA Zip 29 33144 | Country 25 DADR | Country 30 DADR |
|--|--|---------------------------|---------------------------|

4. FEI Number
65-0567452

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**

7. 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

**RICHARD DIAZ
 8357 W FLAGLER ST
 SUITE 227
 MIAMI FL 33155**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code **FL**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--|--|
| TITLE | PSD | <input checked="" type="checkbox"/> DELETE |
| NAME | DIAZ, RICHARD | |
| STREET ADDRESS | 8567 CORAL WAY ST., SUITE 204 | |
| CITY-ST-ZIP | MIAMI FL 33155 | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | DIAZ RICHARD | |
| STREET ADDRESS | 8357 West Flagler st suite #104 | |
| CITY-ST-ZIP | MIAMI FLA 33144 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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: Richard Diaz **RICHARD DIAZ** **4-1-98** **305.553-0679**

CR2E034 (10/97)