	FILE NOW: FIL	ING FEE IS \$61.2!			
CORPORATION Katheri ANNUAL REPORT Secreta			*	FILED	
DOCUMENT #17/17/17/17/17/17/17				99 APR 19 PM 1:45	
Que Vaois CHARITERS INC				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Address					
1966 HAIN ST P.O. BOX 49632			<del></del>		
SAMASOTA FL		SARASOFA FL			
34236		34230			
2. Principal P	lace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed	
Suite, Apt. #, etc		Suite, Apt. #, etc		4. FEI. Number 666174	Applied For
City & Stat	e	City & State		5. Certificate of Status Desired	Not Applicable \$8.75 Additional
Zip	Country	28 Zip	Country	6. Election Campaign Financing	Fee Required
24	9. Name and Address of Currer		10	Trust Fund Contribution  10. Name and Address of New Registered	\$5.00 May Be Added to Fees
MARTIR A. BUNZYNDU ( PO BOK 49632 1956 HAIR ST SANASOFA FL 34130  B1 Name  B2 Street Address (P.O. Box Number is Not Acceptable)  B3  City  F					85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 Statutes.  Signature, typed or printed name of registered agent and the if applicable.  (NOTE, Registered Agent signature, typed or printed name of registered agent and the if applicable.)  (NOTE, Registered Agent signature required when registering).  DATE					
12.		ND DIRECTORS	13.	ed when reinstaing) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE NAME	HARTIL A BUR	スイトンベリアリレドラド	11 TITLE 12 NAME		[] Change [] Addition
STREET ADDRESS	1956 MAIN ST	<b></b>	13 STREET ADDRESS	600002853 04/27/93	34661   3
CITY-ST-ZIP	SARASOFATL	DELETE	1.4 CITY-ST-ZIP	****150.00	- <del>1888</del> 50 - 00
TITLE NAME		Doccie	22 NAME		Ciciange Ci Addition
STREET ADDRESS			2 3 STREET ADORESS		
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NAME			32 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		}
TITLE		C.3 DELETE	41 TITLE	The state of the s	Change Addition
NAME STREET ADDRESS			4 2 NAME 4 3 STREET ADDRESS		1
CITY-ST-ZIP			44 City-St-ZiP		
TITLE NAME		☐ DELETE	51 TITLE 52 NAME.		Change [] Addition
STREET ADDRESS			53 STREET ADDRESS		$\Omega$
CITY-ST-ZIP		[] DELETE	54 CITY-ST-ZIP 61 TITLE		Charles CAROLIA
NAME			6.2 NAME		YYAI
STREET ADDRESS			6.3 STREET ADDRESS   6.4 CITY-ST-ZIP		<b>U</b> I'
14. I hereby of indicated	certify that the information supplied w	ith this filing does not qualify for t	he exemption stated in	Section 119.07(3)(i). Florida Statutes I further or	ertify that the information
indicated on this annual report or supplemental annual report is true and about account 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 ampowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or open attachment with an address, with all other like empowered					
SIGNATURE:  SIGNATURE:  SIGNATURE  SIGNATURE					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  MANTIN BURZYWOKI					