SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000037289 (2)

1. Corporation Name

CHARQUI INC.

Principal Place of Business

% PETER C. LINZMEYER, ESQ.
300 K STREET, NW., SUITE 500
WASHINGTON DC 20007-5109

Mailing Address

% PETER C. LINZMEYER, ESQ.
300 K STREET, NW., SUITE 500
WASHINGTON DC 20007-5109

3. Date Incorporated or Qualified: **05/10/1995**
3a. Date of Last Report:

2. Principal Place of Business
21 3000 K Street, N.W.
Suite, Apt #, etc
22 Suite 500
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 3000 K Street, N.W.
Suite, Apt #, etc
27 Suite 500
City & State
28
Zip 29 Country 30

4. FEI Number: 59-0105680 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired [X] — **$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 [X] No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 32301-2607

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 ______________________ DATE

12. OFFICERS AND DIRECTORS

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/T/D	☐ Change [X] Addition
1.2 NAME	Herbert W. Mederer	
1.3 STREET ADDRESS	500 Industrial Parkway	
1.4 CITY-ST-ZIP	Creston, IA 50801	
2.1 TITLE	V/D	☐ Change [X] Addition
2.2 NAME	José Minski	
2.3 STREET ADDRESS	7951 S.W. 6th Street, Suite 300	
2.4 CITY-ST-ZIP	Plantation, FL 33324	
3.1 TITLE	V/S/D	☐ Change [X] Addition
3.2 NAME	Peter C. Linzmeyer	
3.3 STREET ADDRESS	3000 K Street, N.W. , Suite 500	
3.4 CITY-ST-ZIP	Washington, D.C. 20007	
4.1 TITLE	D	☐ Change [X] Addition
4.2 NAME	Hildegard Mederer	
4.3 STREET ADDRESS	500 Industrial Parkway	
4.4 CITY-ST-ZIP	Creston, IA 50801	
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		

8/7/96

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***233.75

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Peter C. Linzmeyer, Secretary 8/2/96 (202) 672-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #