

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 # P95000037911 (1)

1. Corporation Name

CHILE HOME IMPROVEMENT, INC.



Principal Place of Business

Mailing Address

10020 SW 12TH ST
MIAMI FL 33174

10020 SW 12TH ST
MIAMI FL 33174

3. Date Incorporated or Qualified

05/11/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 *Sam R*

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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4. FEI Number

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

10. Name and Address of New Registered Agent

MEZA, JAIME S
10020 SW 12TH ST
MIAMI FL 33174

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 type of principal officer, registered agent and board of directors (if applicable)

(NOTE: Registered Agent's signature is dated when filing this report)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

DPST
MEZA, JAIME S
10020 SW 12TH ST
MIAMI FL 33174

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

DV
MEZA, JAIME A
10020 SW 12TH ST
MIAMI FL 33174

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
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CITY - ST - ZIP

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

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

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***225.00

*7-16-96
JR*

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, unchanged or on a new line with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUL 7 5 - 96

Original - Please #

CR2E034 (3/96)