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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000044087 (1)

C.H.V. ACCOUNTING, INC.

## **FILED** Jan 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									
801 SOUTH BAYSHORE DRIVE. #368 801 SOUTH BAYSHORE DR			DRIVE. #3	IIVE. #368		<u> </u>			
MIAMI FL 33131 MIAMI FL 33131						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
						06/01/1995			
Principal Place of Business     2a. Maiting Address						4. FEI Number		1 /	Applied For
21		26			65-0587684			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional	
22		27			G. Certificate of Claras Besilea		Fee F	Required	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
<b>23</b>	Zio Zio		Cour	Country		Trust Fund Contribution	<u> </u>		i to Fees
24	25	29	30	иниу		<ol> <li>This corporation owes or has pa Personal Property Tax due June</li> </ol>			ntangible No
	e and Address of Current		1301	T	-	10. Name and Address of New Re			
VAZQUEZ, O	ADIDAD II			81 Na	ame		3	,	
MIAMI FL 38185  Apt 368  MIAMI FL 38185  Apt 368  MIAMI FL 38185				00	6 2 1	700 B	1-3		
MIAMI FL 33	27.0	RICKER ISING DY 82 Street Addr			ss (P.O. Box Number is Not Acceptab	ile)			
	197	コロ8 - ポノココノ	3/	83					
	191B.	MI F1. 001.	7	84 Ci	h.			05 7:-	Cada
				<b>64</b>   U	ıy		FL	85 Zip	Code
11. Pursuant to the prov	isions of Sections 607.0502	and 607,1508, Florida Statu	ites, the at	bove-na	med corpoi	ration submits this statement for the p	urpose of c	hanging	its registered
agent. I am familiar	agent, or both, in the State of with, and accept the obligati	r Florida. Such change was ons of, Section 607.0505, F	authorized Iorida Stat	d by the lutes	corporation	ration submits this statement for the p n's board of directors. I hereby accep	of the appoir	ntment a	s registered
SIGNATURE									
Signature, typ	ed or printed name of registered agent		<del> </del>	d Agent sig	nature required	when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC			77.00
TITLE PD	IEZ CADIDAD II	☐ DELETE	1.1 TO				L	_ Change	Addition
NAME VAZQUEZ, CARIDAD H				AME	رميس ا	. 3 // 0 .	~		3/6
STREET ADDRESS 801 SOUTH BAYSHORE DRIVE, #368, -				TREET ADDR	ESS S	1 Brickell BA	160	<del>-</del>	36as
CITY-ST-ZIP -MIAMI	TE 33   3	☐ DELETE		TY-ST-ZIP	10	117111 1-11. 331	<u>.3/</u>	Change	Addition
' '		Steel	2.1 TITLE 2.2 NAME		Ì		L_	_ Grande	E_1 Addition
NAME	TREET ADDRESS		2.2 NAME 2.3 STREET ADDRESS		,,,,,				1
CITY - ST - ZIP			2.4 CITY-ST-ZIP						
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	3.1 TIT					Change	Addition
NAME			3.2 NA				<u></u>		
STREET ADORESS				REET ADDR	ess				
CITY-ST-ZIP				ITY-ST-ZIF					
TITLE		☐ DELETE	4.1 TIT					Change	Addition
NAME			4. 2 N/					-	
STREET ADDRESS			4.3 ST	REET ADDR	ESS				
CITY-ST-ZIP			4.4 CN	TY-ST-ZIP	-				
TITLE		DELETE	5.1 TIT	TLE				Change	☐ Addition
NAME			5.2 NA	ME					j
STREET ADDRESS			5.3 ST	REET ADDR	ESS				
CITY - ST - ZIP			5.4 CIT	TY-ST-ZIP					
TITLE		DELETE	6.1 TIT	TLE			E	Change	Addition
NAME			6.2 NA	ME	-				
STREET ADDRESS			6.3 ST	REET ADDR	ess				1
CITY-ST-ZIP			6.4 CIT	TY-ST-ZIP					
## I haraby/ aartify that	be information employed with	this filing does not qualify f	lar the eve	matica	atatad in Ca	action 110 07(9\f) Florido Statutos La	Lucian andif		- !

bemental 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 the required by Chapter 607, Florida Statutes; and that my name appears in an attended to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an attended with an address.

BEQUIRED

**SIGNATURE:**