

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 09 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 # P95000047360 (9)			
1. Corporation Name LITTLE CHRIS CORPORATION			
Principal Place of Business 9479 SW 160 ST. STORE #8 MIAMI FL 33157		Mailing Address 3656 SW 4 ST. MIAMI FL 33135	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	
3. Date Incorporated or Qualified 06/15/1995			
4. FEI Number 65-0589198			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent RODRIGUEZ, PEDRO 9479 SW 160TH ST. MIAMI FL 33157		10. Name and Address of New Registered Agent	
81 Name		Pedro Rodriguez	
82 Street Address (P.O. Box Number is Not Acceptable)		16040 SW 102 PL.	
83			
84 City		MIAMI	
85 FL		86 Zip Code	
		33157	
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 Pedro Rodriguez X Pedro Rodriguez 8-20-98			
Signature, typed or printed name of registered agent and title if applicable			
12. OFFICERS AND DIRECTORS			
TITLE	P/D	1.1 TITLE	
NAME	RODRIGUEZ, PEDRO	1.2 NAME	
STREET ADDRESS	3656 SW 4 STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33135	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
900002636949			
-09/11/98--01036--019			
***550.00			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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 Pedro Rodriguez 8-20-98 305-252-0462

CR2E034 (5/98)