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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000050914 (7)**

1. Corporation Name
CK SOUTHWAY, INC.

Principal Place of Business
7891 WEST FLAGLER STREET
SUITE 321
MIAMI FL 33144

Mailing Address
7891 WEST FLAGLER STREET
SUITE 321
MIAMI FL 33144

2. Principal Place of Business
21 **4805 N.W. 79 Ave., #8**
22 Suite, Apt. #, etc.
23 City & State: **Miami, Florida**
24 Zip: **33166** 25 Country: **USA**

2a. Mailing Address
26 **4805 N.W. 79 Ave., #8**
27 Suite, Apt. #, etc.
28 City & State: **Miami, Florida**
29 Zip: **33166** 30 Country: **USA**

3. Date Incorporated or Qualified: **06/29/1995**
3a. Date of Last Report: **Initial**
4. FEI Number: **65-0604945** [ ] 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 [X] No

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent
81 Name: **Marcia M. de Oliveira**
82 Street Address (P.O. Box Number is Not Acceptable): **4805 N.W. 79th Avenue, Suite 8**
83
84 City: **Miami** **FL** 85 Zip Code: **33166**

11. Pursuant to the provisions of Section(s) 607.0502 and 607.0505, 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: **Marcia M. de Oliveira** **03-29-96**
Name of New Registered Agent — Date

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**D** **GONCALVES, CARLOS E. M** **7891 WEST FLAGLER, SUITE 321** **MIAMI FL 33144**	[X] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / 1a NAME / 1b STREET ADDRESS / 1c CITY-ST-ZIP	**D** **GONCALVES, Carlos E.M.** **4805 N.W. 79th Ave.,Suite 8** **MIAMI, FL. 33166**	[X] Change [ ] Addition
2 TITLE / 2a NAME / 2b STREET ADDRESS / 2c CITY-ST-ZIP		[ ] Change [ ] Addition
3 TITLE / 3a NAME / 3b STREET ADDRESS / 3c CITY-ST-ZIP		[ ] Change [ ] Addition
4 TITLE / 4a NAME / 4b STREET ADDRESS / 4c CITY-ST-ZIP		[ ] Change [ ] Addition
5 TITLE / 5a NAME / 5b STREET ADDRESS / 5c CITY-ST-ZIP		[ ] Change [ ] Addition
6 TITLE / 6a NAME / 6b STREET ADDRESS / 6c CITY-ST-ZIP		[ ] Change [ ] Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is complete, true and accurate and that this report does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental requirement 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 added to the report.

SIGNATURE: **Carlos E.M.Goncalves** **3/29/96** **(305)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number