FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FLORIDA DEPARTMENT OF STATE

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DOCUMENT # P95000063199 (0) CHR. INC. Principal Place of Dusinoss JAB Principal Place of Dusinoss SIMAM FR 33143 SIMAM FR	COF ANNU	PROFIT CORPORATION ANNUAL REPORT FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State				Apr 13 1998 8:00am Secretary of State			
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RIEGLER, JAMES 12851 S DUCE HWY SUITE 209 MIAMI FL 33156 82 Street Address (P.O. Boy-hurfiber is Not Acceptable) 84 City	Zip 2	Country		22.50	Country		8. This corporation owes or has paid the		
RIEGLER, JAMES 12851 S DUCE HWY SUITE 209 MIAMI FL 33156 82 Street Address (P.O. Boy-hurfiber is Not Acceptable) 84 City	24 331	9 Name and Address of Cur		<u> 3/3 /</u>	30 34	7)/-		-363	No
12. Pursuant to the provision of Control of	DIEGLED TAMES								
SUITE 208 MAMI FL 33156 B4 City	TOOLS O DIVIL THEN						ess (P.O. Box Number is Not Acceptable)		
11. Pursuent to the provisions of Sections 607 05.02 and 607 15.08. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered digent. On with in the State of Florida Statutos. SIGNATURE DELETE 1.1 THE DATE DATE DELETE DELET								<u>52 Sn</u>	uet 7
19. Pursuant to the provisions of Soctions 607 05:02 and 607 15:08. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered depent. Chapit, in the State of Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar-high, and except the obligations of the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar-high, and except the obligations of the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar-high, and except the obligations of the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar-high and except the appointment as registered agent. I am familiar-high and except the appointment as registered agent. I am familiar-high and except the appointment as registered agent. I am familiar-high accept the appointment as registered agent. I am familiar-high accept the appointment as registered agent. I am familiar-high accept the appointment as registered agent. I am familiar-high accept the appointment as registered agent. I am familiar-high accept the appointment as registered agent. I am familiar-high accept the appointment as registered agent. I am familiar-high accept the appointment as registered agent. I have a point accept the appointment as registered agent. I have a point accept the appointment as registered agent. I have a point accept the appointment as registered agent. I have a point accept the appointment as registered agent. I have a point accept the appointment as registered agent. I have a point accept the appointment as registered agent. I have a point accept the appointment as registered agent. I have a point accept the appointment as registered agent. I have a point accept the appointment as registered agent. I have a point accept the appointment as registered agent. I have a point accept the app	MIZ	AMI FL 33156			63			•	
11. Pursuant to the provisions of Scottons 607 0502 and 607. 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered depend. I am familiar high, and absorptine obligations of its Statutes. SIGNATURE SIGNATURE 12. OF FICE RS AND DIRECTORS 1 DVPS OFFICE RS AND DIRECTORS 1 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DVPS PANE, TRAVERS II 30 WHEELER EXECUTIVE CTR 3540 WHEELER RD 11. STREET ADDRESS CITY-ST-ZIP TITLE DP REGULER, FILOMENA 12851 S DIXLE HWY AMAM FILE DELETE 13. TITLE DELETE 13. TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. STREET ADDRESS CITY-ST-ZIP TITLE DELETE 18. TITLE DELETE 4. TITLE DELETE 4. TITLE DELETE 4. TITLE DELETE 5. STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5. STREET ADDRESS					84	City /	JAm. F	85 Zip S	ode C
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14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

4-7-9((305) 971-5900)