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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 24 1997 8:00am

Secretary of State

(305) 388 9117

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P95000066483 (5)

CHATELAIN AUTOMOTIVE SERVICES INC.							
Principal I	Place of Business	Mailing Address				- I INGREDIA LIA MALTI MARTI DARRI BERIK DERRI DARRE DARRO DIRRI DI DARI IDEDA 1919 1981	
14421 S.W. 88TH BLDG. M APT. 205 MIAMI FL 33186		14421 S.W. 88TH BLDG. M Miami Fl 33186	14421 S.W. 88TH BLDG. M APT. 205 MIAMI FL 33186				
						3. Date Incorporated or Qualified	
	al Place of Business	2a. Mailing Address				4. FEI Number Applied For	
21 Sulta	Apt. #, etc.	Suite. Apt. #, etc.	Suite Apt # etc			54-0608726 Not Applicable \$8.75 Additional	
22	φι. π, οιο.	F	27			5. Certificate of Status Desired Fee Required	
City &	State	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cour	itry		8. This corporation has liability for intangible tax under s. 199.032,	
24	25 9. Name and Address of Cur		30			Florida Statutes Yes No 10, Name and Address of New Registered Agent	
		iein negistereti Ageni		81	Name	ity, name and Address of New neglistered Agent	
	SALNAVE, JACQUES 1901 S.W. 104TH STREET #H-11:	ว					
	MIAMI FL 33156	,	\·	82 Street Addr		fress (P.O. Box Number is Not Acceptable)	
,	MINIMI TE SO TOO		ļ.	83			
•			-	84	City	85 Zip Code	
·			ĺ	•	,	FL " '	
office agent	RE					poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	
12.	Signature, typed or printed name of registered	agent and title if applicable (NOTE AND DIRECTORS	Registered	Age	nt signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	DELETE	1.1 101	F		Change Additio	
NAME	CHATELAIN, GERARD L			.2 NAME			
STREET ADOR	ALLES ON ASSESSED BY BUBO	M APT 205	PT 205 1.3 ST		ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186		1.4 CIT	Y - \$.1 - ZIP		
TITLE	DVS			.E		Change Additio	
NAME	CHATELAIN, LILITA L	44 455 445	2.2 NAI	2.2 NAME		•	
STREET ADDR	,	M APT 205	1		ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186	DELETE	2. 4 CIT		ST - ZIP	Change Additio	
TITLE NAME					1	Change Admitt	
STREET ADOR	FSS		3.2 NAI 3.3 S16		ADDRESS		
CITY-ST-ZIP	,		3.4. C(1				
TITLE		DELETE 4.1				Change Additio	
NAME			4. 2 NA	ME			
STREET ADDR	ESS		4.3 STF	EET	ADDRESS		
CITY-ST-ZIP		······································	4.4 CIT	Y - 5	1 - ZIP		
TITLE	L) DELETE		ı	5.1 NTLE		Change Addilio	
NAME	1		5.2 NAI		ļ		
STREET ADOR			1	5 3 STREET ADDRESS			
CITY-ST-ZIP				4 CITY-ST-ZIP 1 TITLE		☐ Change ☐ Additio	
TITLE			6.2 NAI			Change C Abolito	
STREET ADDR	FSS				ADDRESS		
CITY-ST-ZIP			6.4 CIT				
14. I do h	ereby certify that the information supp	olied with this filing does not qualif	v for the o	exe	motion stated	d in Section 119.07(3)(i), Florida Statutes. I further certify that the	
Inform	nation indicated on this appual report i	or suppolemental annual report is tr	ur and a	COL	itate and that	at my signature shall have the same legal offect as if made under eath; the ort as required by Chapter 607, Florida Statutes; and that my name	