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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 21 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000076279 (5)

CHIROUSSOT-CHAMBEAUX & ASSOCIATES, INC.

									Pa ri IIII. (1111)			
Principal Place of Business Mailing Address								a andrakas ata masar dinir	AMILLE MRIES MUSIC	##III 10EID BIIIB IIDI	i ifikia is	JJ1 18 0 1
792 RIDGEWOOD RD. KEY BISCAYNE FL 33149				792 RIDGEWOOD RD. KEY BISCAYNE FL 33149-2424								
								3. Date Incorporated o 10/05/1995	r Qualified	3a, Date of La 04/03/199		iort
Principal Place of Business The Principal Place of Business The Principal Place of Business				2a. Mailing Address 26				4. FEI Number 65-0611028				
Suite, Apt. #. etc.				Suite, Apt. #, etc.				Certificate of Status Desired Sa.75 Additional Fee Regulred				
City & State				City & State				Election Campaign Financing \$5.00 May Be				
23				28				Trust Fund Contribution Added to Fees				
Z _I p Country				Zip Country			8. This corporation has liability for intangible tax under s. 199.032,					
24	25 25 25 25 25 25 25 25 25 25 25 25 25 2			30			Florida Statutes Yes No 10. Name and Address of New Registered Agent					
Name and Address of Current Registered Agent THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD						Del Maria				I		
343 ALMERIA AVENUE						CHIROUSSOT-CHAILBEAUX, PAILIPPE						IPPE
CORAL GABLES FL 33134						8	Street Ac	Street Address (P.O. Box Number is Not Acceptable)				
						8	3	111071200		-101-		
						-	4 City			lori		
							IKEY	BISCAYNE	•	FL S	Ζί <u>ρ</u> Cο 331	49
11. Pursuant t	to the provide	ions of Sections	607.0502 and	607.1508, Flor	ida Statutes,	the abo	ove-named co	orporation submits this statem ration's board of directors. I h	ent for the p	urpose of chang	ing its r	registered
agent. I ai	m tarniliar v	ith, and accept	the obligations	of, Section 60	.0505, Florid	a Statut	es.	rations board of directors. Th	orce) accep	i ino appointmen	1	B.DIO.DG
SIGNATURE	III.	us al	W PH	ILIPPE	CH1	ROU	SSOT-C	HADSEAVX quired when reinslating)	·· ···································	02/18,	197	
12.	5190 Get. Type	OFFIC	gists and agent and in CERS AND DIRE		(NOTE RE	13.	Agent signature rei	QUITED WHEN TEINSLETIND) ADDITIONS/CHANGE	S TO OFFIC	ERS AND DIREC	TORS	IN 12
TITLE	P	Office	SENO AND DIN		ELETE	1.1 TITE		ADDITIONOCIATION	30 10 01110	Che		Addition
NAME	CHIROU	SSOT-CHAMB	EAUX, PHILIP	PE		1.2 NAM	IE					
STREET ADDRESS		Bewood Roa				1.3 STRE	EET ADDRESS	I				
CITY-ST-ZIP		CAYNE FL 33	149			1.4 CITY	-ST-ZIP	·				
TITLE	VS				ELETE	2.1 TAL	E			☐ Cha	ınge	Addition
NAME		HYSSEN, ISAE				2.2 NAM	JE I					
STREET ADDRESS		GEWOOD ROA				2.3 STRE	EET ADDRESS					
City - St - ZiP	D	CAYNE FL 33	149		NEL EXE		Y-ST-ZIP			T I ob.		I adams.
TITLE	_	SSOT-CHAMB	SALLY DAME	_	DELETE	3.1 TITL				Cha	inge	Addition
NAME STUTET ADDRESS OF OR		GEWOOD ROA		-		3.2 NAM	_					
STREET ADDRESS City-St-Zip		CAYNE FL 33					EET ADDRESS Y-ST-ZIP					
TITLE					ELETE	4.1 TITL		· · · · · · · · · · · · · · · · · · ·		Cha	ange	Addition
NAME						4. 2 NA	WE)	•			-	
STREET ADDRESS						4.3 STR	EET ADDRESS					
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TITLE				اليا	DELETE	61 TITL				L. Cha	ange	Addition
NAME						62 NAM		i				
STREET ADDRESS							EET ADDRESS					

14. I do hereby 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 sentilial report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the observation of 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 by on an arachment with an address.

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