SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P95000078795 (8) **DOCUMENT #** CHARVEMY, INC. Principal Place of Business Mailing Address 14255 S.W. 74TH AVENUE 14255 S.W. 74TH AVENUE **MIAMI FL 33158** MIAMI FL 33158 3. Date Incorporated or Qualified 3a. Date of Last Report 10/13/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zin Country Country This corporation has liability for intengible tax under s. 199,032. 24 25 29 Yes No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ARIAS, JOSE J 14255 S.W. 74TH AVE. Street Address (P.O. Box Number is Not Acceptable) 62 **MIAMI FL 33158** 83 84 City 85 Zip Code 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstuling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)TITLE DELETE 1.1 TITLE Change Addition ESPINOSA, RAFAEL A 1.2 NAME CR2E034 9370 SUNSET DRIVE, SUITE A-200 STREET ADDRESS 13 STREET ADDRESS **MIAMI FL 33173** CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE D. P. S 21 TITLE Change 🗸 ARIAS JOSE J. NAME 2 2 NAME 14255 S.W. 765 AVE. STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY - ST - ZIP MIAMI FL BBISK TITLE DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - 2IP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CHTY - ST- 7IP DELETE TITLE 6.1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY - ST - ZIP 6.4 City - St - ZiP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 eath, that I am an officer or on color of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and

achment with an address

SIGNING OFFICER OF DIRECTOR

that my name appears in Block

SIGNATURE: