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Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P95000095410 (3)

1. Corporation Name
CHIMBORAZO CORP.

Principal Place of Business	Mailing Address
20113 N. KEY DR. BOCA RATON FL 33498	20113 N. KEY DR. BOCA RATON FL 33498

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/18/1995

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: 65-0632839	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 / 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SABLOSKY, BARRY A 10647 ST THOMAS DRIVE BOCA RATON FL 33498	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 20113 NORTH Key Dr 83 84 City Boca Raton FL 85 Zip Code 33498

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	President	☑ Change ☐ Addition
NAME	SABLOSKY, BARRY A		1.2 NAME		
STREET ADDRESS	10647 ST THOMAS DRIVE		1.3 STREET ADDRESS	20113 North Key Dr	
CITY-ST-ZIP	BOCA RATON FL 33498		1.4 CITY-ST-ZIP	Boca Raton, Fla, 33498	
TITLE	D	☐ DELETE	2.1 TITLE	Vice President	☑ Change ☐ Addition
NAME	BONDY, YVONNE S		2.2 NAME		
STREET ADDRESS	3324 DORCHESTER CT		2.3 STREET ADDRESS	11649 NW 5TH Street	
CITY-ST-ZIP	LYNCHBURG VA 24503		2.4 CITY-ST-ZIP	Plantation, Fla 33325	
TITLE	D	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	BONDY, PETER J JR		3.2 NAME		
STREET ADDRESS	3324 DORCHESTER CT		3.3 STREET ADDRESS	11649 NW 5th Street	
CITY-ST-ZIP	LYNCHBURG VA 24503		3.4 CITY-ST-ZIP	Plantation, Fla, 33325	
TITLE	D	☐ DELETE	4.1 TITLE		☑ Change ☐ Addition
NAME	BONDY, PETER J		4.2 NAME		
STREET ADDRESS	3324 DORCHESTER CT		4.3 STREET ADDRESS	11649 NW 5th Street	
CITY-ST-ZIP	LYNCHBURG VA 24503		4.4 CITY-ST-ZIP	Plantation, Fla. 33325	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I 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 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: [signature] President 2/4/98 5614882560