

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

FILED

Mar 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000035000 (4)

1. Corporation Name
CHIMAR GROUP, INC.

Principal Place of Business
1111 LINCOLN ROAD, SUITE 500
MIAMI BEACH FL 33139

Mailing Address
1111 LINCOLN ROAD, SUITE 500
MIAMI BEACH FL 33139



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 ONE BISCAYNE TOWER	26 2 SOUTH BISCAYNE BLVD.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 1900	27 1800		
City & State	City & State		
23 MIAMI, FLORIDA	28 MIAMI, FLORIDA		
Zip	Zip		
24 33131	29 33131		
Country	Country		
25 USA	30 USA		

3. Date Incorporated or Qualified	
04/19/1996	
4. FEI Number	Applied For
65-0665159	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	<input type="checkbox"/>
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DANIELS, NICHOLAS M ESQ. 1111 LINCOLN ROAD, SUITE 500 MIAMI BEACH FL 33139		81 Name MANUEL DE ZARRAGA	
		82 Street Address (P.O. Box Number Is Not Acceptable)	
		1 BISCAYNE TOWER	
		2 SOUTH BISCAYNE BLVD., SUITE 1800	
		84 City MIAMI	
		FL 85 Zip Code 33131	

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: 2/27/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	1 BISCAYNE TOWER
NAME	DE ZARRAGA, MANUEL	1.2 NAME	SUITE 1800
STREET ADDRESS	2 SOUTH BISCAYNE BLVD., SUITE 1800	1.3 STREET ADDRESS	2 SOUTH BISCAYNE BLVD.
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, NICHOLAS M	2.2 NAME	One S.E. 3rd Avenue, Suite 2400
STREET ADDRESS	1111 LINCOLN ROAD, SUITE 500	2.3 STREET ADDRESS	Miami, Florida 33131
CITY-ST-ZIP	MIAMI BEACH FL 33139	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

1/20/98

CR2E034 (10/97)