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

PROFIT CORPORATION **ANNUAL REPORT**



Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #Corporation Name P96000054435 (8)

CHIERICO ENTERPRISES, INC.

FILED May 01 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address			
915 NE 125TH ST.		915 NE 125TH ST.			
N. MIAMI FL 33161		N. MIAMI FL 33161		DO NOT HIDITE IN THIS COACE	
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
9 0000000	ace of Business	1 34 30 50 50 50 50 50 50 50 50 50 50 50 50 50		06/26/1996	
	ace or business	20 Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc		Suite, Apt #, etc.		65-0698039	Not Applicable
22		27 Suite, Apr #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Z(p	Country	8. This corporation owes or has paid the	
24	25		30	Personal Property Tax due June 30.	☐ Yes ☐ No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registers	ed Agent
LAMONT & NEIMAN, P.A. 81 Name					
ONE BISCAYNE TOWER, #3550			82 Street	Address (P.O. Box Number is Not Acceptable)	
TWO SOUTH BISCAYNE BLVD.					
MIA	MI FL 33131		83		
			84 City	A DECEMBER OF THE PROPERTY OF	85 Zip Code
				F	L
11. Pursuant t	to the provisions of Sections 607,050.	2 and 607 1508, Florida Statutes	s, the above-named	corporation submits this statement for the purpose	of changing its registered
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					
SIGNATORE	Signature, typed or printed name of registered agri	nt and little if applicable (NOTE:	Registered Agent signature		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	IND DIPECTORS IN 12
TITLE	DPVS	☐ DELETE	1.1 TITLE	ø;	Change
NAME	- CHIERIOO, MICHAEL J		1.2 NAME	CHIERICO, TERI	• •
STREET ADDRESS	9448 W BROADVIEW DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	BAY HARBOR FL 33154		1.4 CITY-ST-ZIP		
TITLE	Ť	☐ DELETE	21 TITLE		Change Addition
NAME	CHIERICO, MICHAEL: J		2.2 NAME		
STREET ADDRESS	9448 W BROADVIEW DR		2.3 STREET ADDRESS	·	
CITY-ST-ZIP	BAY HARBOR FL 33154		2 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
City-St-ZiP			3.4. 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-S1-2IP		
TITLE		☐ DELETE	5.1 TIFLE		☐ 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		perrie	6.2 NAME		
				i	
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP	ertify that the information surplied wi	th this films does not qualify for	the exemption state	d in Section 119.07(3)(i), Florida Statutes. I further	contifu that the information
i Hereby C	orally abort the introduction enhance wi	in this times possition draftly for	and everuption state	a in accitor i ratoriano, rionda atalotes. Huntrer	comy man me information

elemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a The receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

4-24.48