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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000056564 (3)

CH & CH ENTERPRISES, INC.

## Jan 28 1998 8:00am Secretary of State

**FILED** 



Principal Place of Business Mailing Address 116 SE 1ST ST 116 SE 1ST ST MIAMI FL 33131 MIAMI FL 33131 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0674169 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing  $\Box$ 23 28 Trust Fund Contribution Added to Fees Ζıρ Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CHOI, JOON S 116 SE 1ST ST Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33131 83 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. I hereby 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 OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE \_\_\_ Change Addition CHOI, JOON S NAME 1.2 NAME 116 SE 1ST ST STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33131 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change ☐ Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP ☐ DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP 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

14. I hereby certify that the information supplied with this filling does not qua indicated on this annual report or supplemental annual report is true and officer or director of the corporation or the receiver or trustee empowere Block 12 or Block 13 if changed, or on an attachment with an address. or the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information up the and that my signature shall have the same legal effect as if made under oath; that I am an are due this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.4 CITY-ST-ZIP

SIGNATURE:

-TAN-13-9A (305)577-A249