


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

AMENDED REF

FILED

Aug 20 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS																																																																																																																																					
<b>DOCUMENT # P96000056896</b> 1. Corporation Name <b>CHASQUI INTERNATIONAL, INC.</b>																																																																																																																																							
Principal Place of Business <b>100 N. Biscayne Blvd.</b> <b>Suite 1101</b> <b>Miami, FL 33132</b>		Mailing Address <b>100 N. Biscayne Blvd.</b> <b>Suite 1101</b> <b>Miami, FL 33132</b>																																																																																																																																					
2. Principal Place of Business <b>21 100 N. Biscayne Blvd.</b> Suite, Apt. #, etc. <b>22 1101</b> City & State <b>23 Miami, FL</b> Zip <b>24 33132</b>		2a. Mailing Address <b>26 100 N. Biscayne Blvd.</b> Suite, Apt. #, etc. <b>27 1101</b> City & State <b>28 Miami, FL</b> Zip <b>29 33132</b>																																																																																																																																					
Country <b>25 USA</b>		Country <b>30 USA</b>																																																																																																																																					
3. Date Incorporated or Qualified <b>7/1/96</b>		3a. Date of Last Report <b>1997</b>																																																																																																																																					
4. FEI Number <b>65-0718375</b>		Applied For Not Applicable																																																																																																																																					
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																																																																																																																																					
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																																																					
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																							
9. Name and Address of Current Registered Agent <b>Ptaschne, Pablo</b> <b>10744 W. Sample Road</b> <b>Coral Springs, FL</b>		10. Name and Address of New Registered Agent <b>81 Name GARY S. GLASSER, ESQUIRE</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 1031 Ives Dairy Road, Suite 228</b> <b>83</b> <b>84 City Miami FL 85 33179</b>																																																																																																																																					
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 <i>Gary S. Glasser, Esq.</i> <b>Gary S. Glasser, Esq.</b> DATE <b>8/11/97</b>																																																																																																																																							
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14. I do hereby certify that the information supplied in 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 from an attachment with an address. SIGNATURE: <i>[Signature]</i> <b>PROVIDENT</b> <b>8-8-97 (301) 679-9980</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																																							

CR2E034 (9/96)