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**Apr 09 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000066704 (3)

1. Corporation Name
CDH HOLDING LIMITED, INC.



Principal Place of Business Mailing Address
4851 S 71 PLACE MIAMI FL 33155 **4851 S 71 PLACE MIAMI FL 33155-5636**

3. Date Incorporated or Qualified **08/12/1996** 3a. Date of Last Report

21	2. Principal Place of Business 5411 N.W. 74th AVE Suite, Apt. #, etc.	22	2a. Mailing Address 5411 N.W. 74th AVE Suite, Apt. #, etc.	23	4. FEI Number 65-0698287	24	Applied For <input type="checkbox"/> Not Applicable
25	City & State MIAMI FL	26	City & State MIAMI, FL	27	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
29	Zip 33166	30	Zip 33166	31	Country	32	Country

9. Name and Address of Current Registered Agent

**GONZALEZ, JESUS R
2160 SW 137 PLACE
MIAMI FL 33175**

10. Name and Address of New Registered Agent

81 Name **CHRISTIAAN de HASETH**
82 Street Address (P.O. Box Number is Not Acceptable)
5411 NW 74th AVE
83
84 City **MIAMI** FL 85 Zip Code **33166**

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 appointment of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **DISPOSABLE** DATE: **2/28/97**
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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASETH, CHRISTIAAN	1.2 NAME	de HASETH, CHRISTIAAN
STREET ADDRESS	4851 S 71 PLACE	1.3 STREET ADDRESS	4851 SW 71st PLACE
CITY - ST - ZIP	MIAMI FL 33155	1.4 CITY - ST - ZIP	MIAMI, FL 33155
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGINS, RICHARD	2.2 NAME	de HASETH, CHRISTIAAN
STREET ADDRESS	4851 S 71 PLACE	2.3 STREET ADDRESS	4851 SW 71st PLACE
CITY - ST - ZIP	MIAMI FL 33155	2.4 CITY - ST - ZIP	MIAMI, FL 33155
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 do 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 agreement with address.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/97 (305) 803-0028
Daytime Phone #

CR2E034 (9/96)