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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  
4851 S 71 PLACE  
MIAMI FL 33155

Mailing Address  
4851 S 71 PLACE  
MIAMI FL 33155-5636

3. Date Incorporated or Qualified  
08/12/1996

3a. Date of Last Report

2. Principal Place of Business  
21 5411 N.W. 74<sup>th</sup> AVE  
Suite, Apt. #, etc.

2a. Mailing Address  
26 5411 N.W. 74<sup>th</sup> AVE  
Suite, Apt. #, etc.

4. FEI Number  
65-0698287

Applied For  
Not Applicable

22 City & State  
MIAMI FL

27 City & State  
MIAMI FL

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip Country  
33166

28 Zip Country  
33166

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ, JESUS R  
2160 SW 137 PLACE  
MIAMI FL 33175

81 Name  
CHRISTIAAN de HASETH  
82 Street Address (P.O. Box Number is Not Acceptable)  
5411 NW 74<sup>th</sup> 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DISSENT 2/28/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HASETH, CHRISTIAAN	
STREET ADDRESS	4851 S 71 PLACE	
CITY - ST - ZIP	MIAMI FL 33155	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HIGGINS, RICHARD	
STREET ADDRESS	4851 S 71 PLACE	
CITY - ST - ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	de HASETH, CHRISTIAAN	
1.3 STREET ADDRESS	4851 SW 71 <sup>st</sup> PLACE	
1.4 CITY - ST - ZIP	MIAMI, FL 33155	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	de HASETH, CHRISTIAAN	
2.3 STREET ADDRESS	4851 SW 71 <sup>st</sup> PLACE	
2.4 CITY - ST - ZIP	MIAMI, FL 33155	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 amendment with the address.

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

2/10/97 (305) 883-0028  
Daytime Phone #

CR2E034 (9/96)