

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

**FILED**

**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	22	23	24	25	26	27	28	29	30	4.	5.	6.	8.		
Principal Place of Business		Mailing Address		FEI Number		Certificate of Status Desired		Election Campaign Financing		Date of Last Report		Trust Fund Contribution		This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<b>5411 N.W. 74<sup>th</sup> AVE</b>		<b>5411 N.W. 74<sup>th</sup> AVE</b>		<b>65-0698287</b>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<b>08/12/1996</b>		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
City & State		City & State		Applied For		Fee Required		May Be Added to Fees							
<b>MIAMI FL</b>		<b>MIAMI, FL</b>		Not Applicable		<b>\$8.75</b>		<b>\$5.00</b>							
Zip		Zip													
<b>33166</b>		<b>33166</b>													

**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 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 appointment 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				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	<b>HASETH, CHRISTIAAN</b>		1.2 NAME	<b>de HASETH, CHRISTIAAN</b>			
STREET ADDRESS	<b>4851 S 71 PLACE</b>		1.3 STREET ADDRESS	<b>4851 SW 71<sup>st</sup> PLACE</b>			
CITY - ST - ZIP	<b>MIAMI FL 33155</b>		1.4 CITY - ST - ZIP	<b>MIAMI, FL 33155</b>			
TITLE	STD	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>HIGGINS, RICHARD</b>		2.2 NAME	<b>de HASETH, CHRISTIAAN</b>			
STREET ADDRESS	<b>4851 S 71 PLACE</b>		2.3 STREET ADDRESS	<b>4851 SW 71<sup>st</sup> PLACE</b>			
CITY - ST - ZIP	<b>MIAMI FL 33155</b>		2.4 CITY - ST - ZIP	<b>MIAMI, FL 33155</b>			
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]* **2/10/97** (305) 803-0028  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)