FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Feb 21 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 # **P96000069536 (6)**

1. Corporation Name
COMMUNITY CHEST PRODUCTION, INC.

Principal Place of Business	Mailing Address
100 SE SECOND ST SUITE 2750 MIAMI FL 33131	100 SE SECOND ST SUITE 2750 MIAMI FL 33131-2150

3. Date Incorporated or Qualified: 08/21/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 19201 Collins Ave	26 300 Sevilla Ave.
22 Suite, Apt. #, etc.	27 Suite #309
23 City & State: N. Miami Beach, FL	28 City & State: Coral Gables, FL.
24 Zip: 33160 25 Country: U.S.A.	29 Zip: 33134 30 Country: U.S.A.

4. FEI Number: 65-0695244 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

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
GOLDSTEIN, DAVID M 100 SE SECOND ST SUITE 2750 MIAMI FL 33131	81 Name: Juan A. Figueroa P.A., C.P.A. 82 Street Address (P.O. Box Number is Not Acceptable): 300 Sevilla Avenue 83 Suite # 309 84 City: Coral Gables FL 85 Zip Code: 33134

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: x [signature] x 2/12/97
Signature of 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	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ZEPKA, SAM		1.2 NAME		
STREET ADDRESS	100 SE SECOND ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROSENTHAL, LOUIS		2.2 NAME		
STREET ADDRESS	100 SE SECOND ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ZEPKA, VICTOR		3.2 NAME		
STREET ADDRESS	100 SE SECOND ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ROSENTHAL, SAM		4.2 NAME		
STREET ADDRESS	100 SE SECOND ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		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		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 attachment with an address.

SIGNATURE: x [signature] x 2/14/97 x 682-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #