

FILED

PROFIT CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000070790

1. Corporation Name **C & H International Inc**

Principal Place of Business

5940 S.W. 46th Ave.
Miami, FL 33155

Mailing Address

P.O. Box 558532
Miami, FL 33255-8532

2. Principal Place of Business		2a. Mailing Address	
21 5940 S.W. 46th Ave		26 P.O. Box 558532	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State Miami, FL		28 City & State Miami, FL	
24 33155	25 Country	29 33255-8532	30 Country

3. Name and Address of Current Registered Agent

81 Name MO
82 Street Address 5940
83
84 City Miami

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: MARGARITA HERNANDEZ [Signature]

(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required)

12. OFFICERS AND DIRECTORS

1 VICE-PRESIDENT	☒ DELETE
NAME OSWALDO CARDENAS	
STREET ADDRESS 1513B NW 87th Pl.	
CITY- ST- ZIP Miami, FL 33018	
2	☐ DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
3	☐ DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
4	☐ DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
5	☐ DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13.

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in S indicated on this annual report or supplemental annual report is true and accurate and that my signature officer or director of the corporation or the receiver or trustee empowered to execute this report as required Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] **MARGARITA HERNANDEZ**

(Signature and typed or printed name of signing officer or director)

DO NOT WRITE IN THIS SPACE