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Apr 22 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 # P96000080065 (1)

1. Corporation Name
CHESNUT & MITCHELL, INC.

Principal Place of Business
BISCAYNE TOWER, STE 3400
ONE BISCAYNE TOWER 2 SO. BISCAYNE BLVD.
MIAMI FL 33131-1897

Mailing Address
BISCAYNE TOWER, STE 3400
ONE BISCAYNE TOWER 2 SO. BISCAYNE BLVD.
MIAMI FL 33131-1800



2. Principal Place of Business
21 Suite, Apt #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt #, etc.
27 City & State
28 Zip Country
29

3. Date Incorporated or Qualified
09/25/1996

3a. Date of Last Report

4. FEI Number 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
VALDES-FAULI CORPORATE SERVICES, INC.
BISCAYNE TOWER, STE 3400
ONE BISCAYNE TOWER 2 SO. BISCAYNE BLVD.
MIAMI FL 33131-1897

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 _____ DATE _____
Signature typed or printed name of registered agent/signing officer or director (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CASTANO, ANTONIO	
STREET ADDRESS	7659 NW 50TH STREET	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BALDI, GIANNI	
STREET ADDRESS	7659 NW 50TH STREET	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GIUFFRA, SERGIO	
STREET ADDRESS	7659 NW 50TH STREET	
CITY-ST-ZIP	MIAMI FL 33168	
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 1-12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D Baldi, Giovanbattista
2.3 STREET ADDRESS	7659 N.W. 50 St.
2.4 CITY-ST-ZIP	Miami, FL 33166
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DP Giuffra, Sergio
3.3 STREET ADDRESS	7659 N.W. 50 St.
3.4 CITY-ST-ZIP	Miami, FL 33166
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	S Michelacci, Giancarlo
4.3 STREET ADDRESS	7659 N.W. 50 St.
4.4 CITY-ST-ZIP	Miami, FL 33166
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	

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14. I do hereby certify that the information furnished herein is true and accurate and that I am an officer or director of the corporation and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 of Block 13. I am hereby making this statement with an address:

SIGNATURE: Sergio Giuffra 4/16/97 (305) 376-6000
Signature typed or printed name of signing officer or director