

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

FILED

**Apr 14 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 09/25/1996	3a. Date of Last Report
4. FEI Number 65-0731527	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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

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 _____ (NAME: Registered Agent; signature required when constituting) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	D CASTANO, ANTONIO
STREET ADDRESS	7859 NW 50TH STREET
CITY-ST-ZIP	MIAMI FL 33168
TITLE	<input type="checkbox"/> DELETE
NAME	D BALDI, GIANNI
STREET ADDRESS	7859 NW 50TH STREET
CITY-ST-ZIP	MIAMI FL 33168
TITLE	<input type="checkbox"/> DELETE
NAME	D GIUFFRA, SERGIO
STREET ADDRESS	7859 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 IN 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	800002489058
6.3 STREET ADDRESS	-04/15/98--01021--008
6.4 CITY-ST-ZIP	***150.00

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 in an attachment with an address.

SIGNATURE _____

CR2E034 (9/96)