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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

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

65-0731527

☒ 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

FL

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

Signature, typed or printed name of registered agent (and the applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CASTANO, ANTONIO  
7659 NW 50TH STREET  
MIAMI FL 33166

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BALDI, GIANNI  
7659 NW 50TH STREET  
MIAMI FL 33166

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GIUFFRA, SERGIO  
7659 NW 50TH STREET  
MIAMI FL 33166

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
D  
Baldi, Giovanbattista  
7659 N.W. 50 St.  
Miami, FL 33166  
☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
DP  
Giuffra, Sergio  
7659 N.W. 50 St.  
Miami, FL 33166  
☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
S  
Michelacci, Giancarlo  
7659 N.W. 50 St.  
Miami, FL 33166  
☐ Change ☒ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
8000002489055  
-04/15/98--01021--000  
\*\*\*150.00  
16 4.14

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 as an attachment with an address.

SIGNATURE

CR2E034 (9/96)