

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000081855

1. Corporation Name

CHL OF MIAMI, INC.

Principal Place of Business

c/o RIW
201 S. Biscayne Blvd.
1500 Miami Center
Miami, FL 33131

Mailing Address

c/o RIW
201 S. Biscayne Blvd.
1500 Miami Center
Miami, FL 33131

3. Date Incorporated or Qualified
10/3/96

3a. Date of Last Report

2. Principal Place of Business c/o AGS

21 201 S. Biscayne Blvd.

Suite, Apt. #, etc.
22 1500 Miami Center

City & State

23 Miami, FL

Zip 33131

Country

24

2a. Mailing Address c/o AGS

26 201 S. Biscayne Blvd.

Suite, Apt. #, etc.
27 1500 Miami Center

City & State

28 Miami, FL

Zip 33131

Country

29

30

4. FEI Number
65-0727352

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

Corporation Company of Miami
201 S. Biscayne Blvd.
1600 Miami Center
Miami, FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

300002272213--3

-03/20/97--01061--003

*****550.00 *****550.00

FL 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME Stensby, Kristian
STREET ADDRESS 901 S. America Way
CITY-ST-ZIP Miami, FL 33132

TITLE D ☐ DELETE

NAME Wright, Blandin J.
STREET ADDRESS 901 S. America Way
CITY-ST-ZIP Miami, FL 33132

TITLE ☐ DELETE

NAME, Gruner-Hegge, Einar
STREET ADDRESS 901 S. America Way
CITY-ST-ZIP Miami, FL 33132

TITLE ☐ DELETE

NAME Magnan, Larry
STREET ADDRESS 901 S. America Way
CITY-ST-ZIP Miami, FL 33132

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE C/D ☐ Change ☒ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE VC/S/D ☐ Change ☒ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE D/T/AS ☐ Change ☒ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE P ☐ Change ☒ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry Magnan, President

Date

Signature/Block #

CR205034 (01/96)