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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT #** 

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CHL OF MIAMI, INC.				TALLAHASSEE, FLORIDA	
				_	
1 .	ce of Business	Mailing Address			
C/O RT		c/o RIW			
	Biscayne Blvd.	201 S. Biscayne	∋ Blvd.	1	
1	iami Center	1500 Miami Cent	er	3. Date Incorporated or Qualified	3a. Date of Last Report
1	FL 33131	Miami, FL 3313		10/3/96	Sa. Date of Cast Report
	Place of Business c/o AGS		o AGS	4. FEI Number	Applied For
21201 S.	Biscayne Blvd.	26 201 S. Bisca	ayne Blvd	65-0727352	Not Applicable
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
	iami Center	27 1500 Miami C	enter	Cr Commodition Clarity Commod	Fee Required
City & Sta		City & State		6. Election Campaign Financing	\$5.00 May Be
23Miami,		28 Miami, FL		Trust Fund Contribution	Added to Fees
Zip 33	131 Country	Zip 33131	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24 33	[20]	28	30	Florida Statutes	Yes 🔼 No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
Corror	ation Company of Miam	าร์	81 Name		
	Biscayne Blvd.	u.	82 Street Addr	ess (P.O. Box Number is Not Acceptal	
	iami Center		83		<del>2722123</del>
					/9701061003
Miami,	FL 33131		84 City	****	
					FL   III
11. Pursuant office or	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Statutes f Florida. Such channe was au	s, the above-hamed corp thorized by the corporati	oration submits this statement for the plants board of directors. I bereby access	ourpose of changing its registered
aneni i	am familiar with, and accept the obligati	ions of Section 607 0505, Flori	ida Statutes	on a board of directors. Thereby accept	printe appointment as registered
agon. 1	annia mini, and decept the congan	0118 01, 000001100110011001	OL CALCICO.		ſ
SIGNATURE			Subject:		
SIGNATURE	Signature typed or printed nank of registered agent	and little if applicable. (NOTE: I	Registered Agent signature require		DATE
SIGNATURE	Signature typed or printed nank of registered agent OFFICERS AND	and litto if applicable. (NOTE. I	Registered Agent signature require	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature typed or printed name of registered agent OFFICERS AND	and little if applicable. (NOTE: I	Registered Agent signature require	ADDITIONS/CHANGES TO OFFIC	
SIGNATURE	Signature typed or printed name of registered agent OFFICERS AND D Stensby, Kristian	and litto if applicable. (NOTE. I	Registered Agent signature require	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE	OFFICERS AND  D Stensby, Kristian 901 S. America Way	and litto if applicable. (NOTE. I	Registered Agent signature require	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME	Signature typed or printed name of registered agent OFFICERS AND D Stensby, Kristian	and litto if applicable. (NOTE. I	Hogistered Agent signature require  13.  11 THLE  12 NAME	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS	OFFICERS AND  D Stensby, Kristian 901 S. America Way	and litto if applicable. (NOTE. I	Rogistored Agent signature require  13.  11 Title 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND  D Stensby, Kristian 901 S. America Way Miami, FL 33132 D	and litto if applicable. (NOTE I DIRECTORS	Rogistored Agent signature require  13.  11 Title 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12  Change XX Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	OFFICERS AND  D Stensby, Kristian 901 S. America Way Miami, FL 33132  D Wright, Blandin J.	and litto if applicable. (NOTE I DIRECTORS	Hogistored Agent signature require  13.  11 Title 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 21 TITLE 22 NAME  VC/	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12  Change XX Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	OFFICERS AND  D Stensby, Kristian 901 S. America Way Miami, FL 33132  D Wright, Blandin J. 901 S. America Way	and litto if applicable. (NOTE I DIRECTORS	Hogistored Agent signature required  13.  11 Title 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12  Change XX Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	OFFICERS AND  D Stensby, Kristian 901 S. America Way Miami, FL 33132  D Wright, Blandin J.	and litto if applicable. (NOTE I DIRECTORS	Rogistored Agent signature require  13.  11 Title 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICE)  /S/D	CERS AND DIRECTORS IN 12  Change XX Addition  Change XX Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	OFFICERS AND  D Stensby, Kristian 901 S. America Way Miami, FL 33132  D Wright, Blandin J. 901 S. America Way	and lillo if applicable. (NOTE I DIRECTORS DELETE DELETE	Rogistored Agent signature require  13.  11 Title 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-ZIP 3 1 TITLE D/T	ADDITIONS/CHANGES TO OFFICE  /S/D	CERS AND DIRECTORS IN 12  Change XX Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME,	OFFICERS AND  D Stensby, Kristian 901 S. America Way Miami, FL 33132  D Wright, Blandin J. 901 S. America Way	and lillo if applicable. (NOTE I DIRECTORS DELETE DELETE	Hogistored Agent signature requirements of the signature of	ADDITIONS/CHANGES TO OFFICE  /S/D  //AS iner-Hegge, Einar	CERS AND DIRECTORS IN 12  Change XX Addition  Change XX Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME, STREET ADDRESS	OFFICERS AND  D Stensby, Kristian 901 S. America Way Miami, FL 33132  D Wright, Blandin J. 901 S. America Way	and lillo if applicable. (NOTE I DIRECTORS DELETE DELETE	Rogistored Agent signature require  13.  11 Title 12 NAME 13 STREET ADDRESS 14 CITY-ST- ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY-ST- ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 901	ADDITIONS/CHANGES TO OFFICE  /S/D  //AS Iner-Hegge, Einar I.S. America Way	CERS AND DIRECTORS IN 12  Change XX Addition  Change XX Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME, STREET ADDRESS CITY-ST-ZIP	OFFICERS AND  D Stensby, Kristian 901 S. America Way Miami, FL 33132  D Wright, Blandin J. 901 S. America Way	and Itilo if applicable. (NOTE I DIRECTORS DELETE DELETE DELETE	Rogistored Agent signature require  13.  11 Title 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 901 34 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICE  /S/D  //AS iner-Hegge, Einar	CERS AND DIRECTORS IN 12  Change XX Addition  Change XX Addition  Change XX Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TALE	OFFICERS AND  D Stensby, Kristian 901 S. America Way Miami, FL 33132  D Wright, Blandin J. 901 S. America Way	and lillo if applicable. (NOTE I DIRECTORS DELETE DELETE	Rogistored Agent signature require  13.  11 Title 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE D/T GTTU Mi.e	ADDITIONS/CHANGES TO OFFICE OF	CERS AND DIRECTORS IN 12  Change XX Addition  Change XX Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TALE NAME	OFFICERS AND  D Stensby, Kristian 901 S. America Way Miami, FL 33132  D Wright, Blandin J. 901 S. America Way	and Itilo if applicable. (NOTE I DIRECTORS DELETE DELETE DELETE	Rogistored Agent signature require  13.  11 Title 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE D/T GTTU Mi.e	ADDITIONS/CHANGES TO OFFICE OF	CERS AND DIRECTORS IN 12  Change XX Addition  Change XX Addition  Change XX Addition
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SIGNATURE  12.  TITLE  NAME  SIREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TALE  NAME  STREET ADDRESS  CITY-ST-ZIP  TALE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND  D Stensby, Kristian 901 S. America Way Miami, FL 33132  D Wright, Blandin J. 901 S. America Way	and Itilo if applicable. (NOTE I DIRECTORS DELETE DELETE DELETE DELETE	Rogistored Agent signature require  13.  11 Title 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 4 2 NAME 43 STREET ADDRESS 901 44 CITY-ST-ZIP Miss 44 CITY-ST-ZIP Miss 45 NAME 46 NAME 47 NAME 48 NAME	ADDITIONS/CHANGES TO OFFICE  (S/D)  (S/D)  (S/D)  (S/D)  (S/AS  Iner-Hegge, Einar  S. America Way  Imi, FL 33132  Iman, Larry  S. America Way  S. America Way	CERS AND DIRECTORS IN 12  Change XX Addition  Change XX Addition  Change XX Addition
SIGNATURE  12. TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TALE NAME SIREET ADDRESS	OFFICERS AND  D Stensby, Kristian 901 S. America Way Miami, FL 33132  D Wright, Blandin J. 901 S. America Way	and Itilo if applicable. (NOTE I DIRECTORS DELETE DELETE DELETE	Hogistored Agent signature requirements of the signature	ADDITIONS/CHANGES TO OFFICE OF	CERS AND DIRECTORS IN 12  Change XX Addition  Change XX Addition  Change XX Addition
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SIGNATURE  12.  TITLE  NAME  SIREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TALE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	OFFICERS AND  D Stensby, Kristian 901 S. America Way Miami, FL 33132  D Wright, Blandin J. 901 S. America Way	and Itilo if applicable. (NOTE I DIRECTORS DELETE DELETE DELETE DELETE	Rogistored Agent signature require  13.  11 Title 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 4 2 NAME 43 STREET ADDRESS 901 44 CITY-ST-ZIP 51 TITLE MACC 901 Mice	ADDITIONS/CHANGES TO OFFICE  (S/D)  (S/D)  (S/D)  (S/D)  (S/AS  Iner-Hegge, Einar  S. America Way  Imi, FL 33132  Iman, Larry  S. America Way  S. America Way	CERS AND DIRECTORS IN 12  Change XX Addition  Change XX Addition  Change XX Addition
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SIGNATURE  12.  TITLE  NAME  SIREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  SIREET ADDRESS  CITY-ST-ZIP  TALE  NAME  SIREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  SIREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  SIREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  SIREET ADDRESS	OFFICERS AND  D Stensby, Kristian 901 S. America Way Miami, FL 33132  D Wright, Blandin J. 901 S. America Way	and Itilo if applicable. (NOTE I DIRECTORS DELETE DELETE DELETE DELETE	Rogistored Agent signature required 13.  11 Title 12 NAME 13 STREET ADDRESS 14 DITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 4.2 NAME 43 STREET ADDRESS 4.4 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICE  (S/D)  (S/D)  (S/D)  (S/D)  (S/AS  Iner-Hegge, Einar  S. America Way  Imi, FL 33132  Iman, Larry  S. America Way  S. America Way	CERS AND DIRECTORS IN 12  Change XX Addition  Change XX Addition  Change XX Addition
SIGNATURE  12.  TITLE  NAME  SIREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TALE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND  D Stensby, Kristian 901 S. America Way Miami, FL 33132  D Wright, Blandin J. 901 S. America Way	DELETE  DELETE  DELETE  DELETE  DELETE  DELETE	Rogistored Agent signature require  13.  11 Title 12 NAME 13 STREET ADDRESS 14 DITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 4 2 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICE  (S/D)  (S/D)  (S/D)  (S/D)  (S/AS  Iner-Hegge, Einar  S. America Way  Imi, FL 33132  Iman, Larry  S. America Way  S. America Way	Change XX Addition  Change XX Addition  Change XX Addition  Change XX Addition  Change XX Addition
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To necesty certify that the information supplied with this time goes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this annual report or suppliemental 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 plants? Or on an attachment with an address.

Larry Magnan, President

SIGNATURE:

O BUILDES MANE OF EIGNING OFFICES OF SUPPOSO

Date Destructions (Beauty)