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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P97000045576 (0)

CHARLEX'S ENTERPRISES CORP.

FILED Apr 16 1998 8:00am Secretary of State

	<u> </u>	.							
Principal Place of Business Mailing Address							/D117 20171 U	1861 BIOST BOLLS 181	410 A111 1081
1690 WEST S HIALEAH FL		1680 WEST 31ST PLACE HIALEAH FL 33012							
						DO NOT WRIT		SPACE	
						3. Date Incorporated or Qualified			
Delegand D	Inna of Ducinos					05/22/1997			
	lace of Business	2a, Mailing Address				4. FEI Number	>		oplied For
21 Suita Ast	# ato	26 Suite And 4 of				65-0755225			ot Applicable
Suite, Apt.	#, €(C.	Suite, Apt. #, etc.				5. Certificate of Status Desired	X	\$8.75 / Fee Re	Additional
City & State	•	City & State				• 51-41-6	<u> </u>		
23		28				6, Election Campaign Financing Trust Fund Contribution	П	\$5.00 Added	
Zip	Country		Zip Country			8. This corporation owes or has p	aid the c		
24	25	_ ├ `	30	•		Personal Property Tax due Jun] No
-	9. Name and Address of Currer					10. Name and Address of New R			7
HF	RNANDEZ, ALEX		8	1	Name				
1690 WEST 31ST PLACE				-	Ctroot Addro	ss (P.O. Box Number is Not Accepta	hlo		
HV		82 Street Address (P.			ss (P.O. Box Number is Not Accepta	ыну			
, , , , , , , , , , , , , , , , , , ,			8	3					
			8	4	City		FI	85 Zip (Code
11. Pursuant	to the provisions of Sections 607,050	2 and 607.1508, Florida Statutes	s, the abo	VØ-1	named corpo	ration submits this statement for the	purpose	of changing it	ts registered
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig-	of Florida. Such change was au ations of, Section 607.0505. Flori	ithorized I ida Statut	by t les.	the corporatio	n's board of directors. I hereby acce	pt the ap	pointment as	registered
_			, ou chaire.			//	56	198	
SIGNATURE	Signature, typed or printed name of registered ago	nt and little if applicable (NOTE:	Registered A	gent	t signature required	d when reinstating)	DATE		
12.				13.		ADDITIONS/CHANGES TO OFFI	CERS AN		
TITLE	PVST	☐ DELETE	1.1 TITLE	Ē				L. Change	Addition
NAME	HERNANDEZ, ALEX		1.2 NAM	E	i				1
STREET ADDRESS			1.3 STRE	1.3 STREET ADDRESS]
CITY-ST-ZIP			1.4 CITY		ZIP		··		
TITLE	D			2.1 TITLE				☐ Change	Addition
NAME			2.2 NAM	2.2 NAME					1
STREET ADDRESS	9410 W. FLAGLER #137		2.3 STREET ADDRESS		DDRESS		:		•
CITY-ST-ZIP				/- ST-	- ZIP		<u> </u>		
TITLE	D DELETE		3.1 TITLE	3.1 TITLE				Change	Addition
NAME	SKARBREIUN, NESTOR		3.2 NAME						
STREET ADDRESS	1841 5411 51 00040		3.3 STRE		Į.				
CITY-S1-ZIP	HIALEAH FL 33013	100000	3.4 CITY-		- 2 (P				
TITLE		☐ DELETE	4.1 TITLE					Change	Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET						
CITY+S1-ZIP		[] DELETE	4.4 CITY - 9		ZIP			1 0	Addison
TITLE		☐ DELETE	5.1 TITLE		}			☐ Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET						
CITY-ST-ZIP		5.4			ZIP			Chance	Addition
TITLE		☐ DELETE	6 1 TITLE					Change	Addition
NAME			6.2 NAM						
STREET ADDRESS			6.3 STRE		l l				l
CITY-ST-ZIP			6.4 CITY	-51-	ZIP				

I 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.