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May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P97-000047824

1. Corporation Name
PROCHEMM ENTERPRISES, INC.

Principal Place of Business: 161 MADEIRA AVE SUITE 83 CORAL GABLES FL. 33134
Mailing Address: 161 MADEIRA AVE SUITE 83 CORAL GABLES FL.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 161 MADEIRA AVE.	2a. Mailing Address: 26
Suite, Apt #, etc.: 22 83	Suite, Apt. #, etc.: 27
City & State: 23 CORAL GABLES, FL	City & State: 28
Zip: 24 33134 / Country: 25 MIAMI DADE	Zip: 29 / Country: 30

3. Date Incorporated or Qualified: 05/30/1997

4. FEI Number: 65-0756799 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

COSTELLO, DAN
161 MADEIRA, AVE
SUITE 83
CORAL GABLES, FL. 33134

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 ______ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P/D	☐ DELETE
NAME	COSTELLO, DAN	
STREET ADDRESS	2823 SW 38TH AVE	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	T/D	☐ DELETE
NAME	FREEMAN, EARL	
STREET ADDRESS	601 NORTH HALIFAX AVE.	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	S/D	☐ DELETE
NAME	DON, NICHOLAS	
STREET ADDRESS	5055 COLLINS AVE #4E	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	600002524786	☐ Change ☐ Addition
4.2 NAME	-05/15/98--01009--046	
4.3 STREET ADDRESS	***158.75	
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS	3c5/7	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. 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.

SIGNATURE: Nicolas Don Nicolas Don 4/30/98 305-866-0054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #