PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000049522

1. Corporation Name

CHINO'S HOLDINGS, INC.

May 14, 1999 8:00 am Secretary of State

05-14-1999 90001 020 ***450.00



											ALS 18131 11118		
Principal Place of Business Mailing Address													
6611 S. FLAGLER DRIVE 661				611 S. FLAGLER DRIVE			1						
W. PALM BEACH FL 33405				W. PALM BEACH FL 33405				}	DO NOT WRITE IN THIS SPACE				
								-	Date Incorporated or Qualifed	2 114 11 115 2	T AGE		
								3	06/02/1997				
A Mailine Address									, FEI Number		ΠΔr	plied For	
2. Principal Place of Business				2a. Mailing Address				4	59-4164928		-	ot Applicable	
21				Suite, Apt. #, etc.					33 4 104320		\$8.75		
Suite, Apt. #, etc.								5	Certifcate of Status Desired			equired	
22			27	City & State					- Flastice Compaign Financing				
City & State -				 - 				6. Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees		
Zip Country			28	Zip Cou					This corporation owes the current year Intangible				
Zip		Southly	100	Liβ	30			6	Personal Property Tax.	•	Yes	□No	
24	24 25 9. Name and Address of Curren							10, Name and Address of New Registered A					
	y, Name and	Address of Curren	t itogis	storou rigorit		81	Name						
CARMONA, SANDRA M													
6611 S. FLAGLER DRIVE						82	Street .	Address ((P.O. Box Number is Not Acceptate	ole)			
W. PALM BEACH FL 33405						83							
						84	City			FL	85 Zip (Code	
office or re	anietored agent c	vr. both in the State.	of Florid	07.1508, Florida Statu da. Such change was a Section 607.0505, Flo	iuthoriZ(ea by	the corpo	corporate oration's t	on submits this statement for the p board of directors. I hereby accept	urpose of c the appoin	hanging its tment as re	registered egistered	
SIGNATURE		midra		amore	,				↓ -c	DATE C	<u> 19 </u>		
	Signature, typed or prin	of registered age OFFICERS AN			E: Register		t signature r	required wher	ADDITIONS/CHANGES TO OFF		DIRECTO	DRS IN 12	
12.	DPS OFFICERS AND			□ DELETE		1.1 TITLE			ADDITIONO/OFFARGES 15 OF 1	IOLIKO I III	Change	Addition	
TITLE		ANDDA M		□ bereve		NAME						_	
NAME	ANALO CLASED DONE						TADDRESS					}	
STREET ADDRESS													
CITY-ST-ZiP	W. PALM DEA	10H FL 33403		□ DELETE		CITY-S TITLE	1-212				Change	Addition	
TITLE						NAME		ļ			_ ,	_ (
NAME					I -								
STREET ADDRESS							F ADDRESS						
CITY-ST-ZIP				□ DELETE		CITY-S	I-ZIP	 .			Change	Addition	
TITLE (C DEFEIG				-{-					
NAME						NAME	************						
STREET ADDRESS							TADDRESS	1					
CITY-ST-ZIP					■ 3.4.	CITY-5	i - ZIP	1					

CITY-ST-ZIP 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, with all other like empowered.

4.1 TITLE

4, 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6,3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

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