

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000076088  
1. Corporation Name

CHS PROMARK, INC.

FILED

98 JUN -4 PM 3:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
900002547989--1

Principal Place of Business Mailing Address  
~~201 Alhambra Circle~~ ~~201 Alhambra Circle~~  
~~Suite 1200~~ ~~Suite 1200~~  
~~Coral Gables, FL 33134~~ ~~Coral Gables, FL 33134~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
09/03/97

2. Principal Place of Business 2a. Mailing Address  
21 2000 N.W. 84 Avenue 26 2000 N.W. 84 Avenue  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Miami, Florida 28 Miami, Florida  
24 Zip 25 Country 29 Zip 30 Country  
33122 USA 33122 USA

4. FEI Number 65-0781400 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

~~Howard W. Gordon~~  
~~201 Alhambra Circle~~  
~~Suite 1200~~  
~~Coral Gables, FL 33134~~

10. Name and Address of New Registered Agent

81 Name Corporation Service Company  
82 Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street  
83  
84 City Tallahassee FL 85 Zip Code 32301

11. Pursuant to the provisions of Sections 607.0602 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 *Karen B. Rozar*  
Signature, typed or printed name of registered agent and title if applicable

Karen B. Rozar, As Its Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	<del>Parlman, Alvin</del>	<del>2153 N.W. 86 Avenue</del>	<del>Miami, Florida 33122</del>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
President	Osorio, Arturo	2000 N.W. 84 Avenue	Miami, Florida 33122	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vice President/Treasurer	Danisivsky, Steve	2000 N.W. 84 Avenue	Miami, Florida 33122	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary	Blanco, Marlon	2000 N.W. 84 Avenue	Miami, Florida 33122	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CFO	Ray Bautista	2000 N.W. 84 Avenue	Miami, Florida 33122	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305/908-6800



ACCOUNT NO. : 072100000032

REFERENCE : 843590 4303929

AUTHORIZATION :

COST LIMIT : \$ 550.00

*Patricia P. J. J.*

ORDER DATE : June 4, 1998

ORDER TIME : 12:03 PM

ORDER NO. : 843590-010

CUSTOMER NO: 4303929

CUSTOMER: Ms. Sheryl C. Vainstein  
Greenberg Traurig  
1221 Brickell Avenue  
20th Floor  
Miami, FL 33131

ANNUAL REPORT FILING

NAME: CHS PROMARK, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS:

RECEIVED  
98 JUN -4 PM 1:51  
DIVISION OF CORPORATION