

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

Amended

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.

Principal Place of Business
2000 N.W. 84 Avenue
Miami, Florida
33122

Mailing Address
2000 N.W. 84 Avenue
Miami, Florida
33122

FILED

09 JUN 17 PM 1:25

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/03/1997

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

508802565615
-06/19/98-01078-003

*****PL 298*****61.25

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME Osorio, Arturo
STREET ADDRESS 2000 N.W. 84 Avenue
CITY-ST-ZIP Miami, Florida 33122

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VP/T ☐ DELETE
NAME Danisovszky, Steve
STREET ADDRESS 2000 N.W. 84 Avenue
CITY-ST-ZIP Miami, Florida 33122

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME Blanco, Marlon
STREET ADDRESS 2000 N.W. 84 Avenue
CITY-ST-ZIP Miami, Florida 33122

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE CFO ☐ DELETE
NAME Bautista, Ray
STREET ADDRESS 2000 N.W. 84 Avenue
CITY-ST-ZIP Miami, Florida 33122

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME D Osorio, Claudio
5.3 STREET ADDRESS 2000 N.W. 84 Avenue
5.4 CITY-ST-ZIP Miami, Florida 33122

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/16/98

305/908-6800

Date

Daytime Phone #