PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000028062

1. Corporation Name

CHUCK'L PROMOTIONS, INC.

Principal Place of Business

Mailing Address

May 04, 1999 8:00 am Secretary of State

05-04-1999 90072 028 ***150.00



		8410 W FLAGLER STREET S MIAMI FL 33144	TE 208	DO NOT WRITE IN THIS SPACE			
		;	,	3. Date Incorporated or Qualifed 03/25/1998			
	Hace of Business: 60 CT.	2a. Mailing Address 26 11341 Scu	160 cT.	4. FEI Number 65-0824847	 	olied For Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A Fee Red		
23 MIANI, FLORIDA 28 MIANI,			=LORIDA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to		
Zip 24 331 G		^{Zip} 33196 3	Country	This corporation owes the current year Personal Property Tax.	☐ Yes	□No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registere							
DIAZ-SOLIS, ERWIN				81 Name ACERES, CARLOS			
8410 W FLAGLER STREET STE 208 82 Street Address (P.O. Box Number is Not Accordable)							
	MI FL 33144	34) 300 100 11					
	***		83				
			84 City	iAni F	L 85 39	3196	
11. Purpose to the provisions of Sections 607 0502 and 607 1508. Florida Statutes the above-named compration 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	mature; typed or printed name of registered agent		egistered Agent signature require				
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS			
PHILE /	PST	☐ DELETE	1.1 TITLE	•	Change	☐ Addition	
NAME	CACERES, CARLOS		1.2 NAME				
STREET ADDRESS	8410 W FLAGLER STREET STE	208	1.3 STREET ADDRESS		•		
CITY-ST-ZIP	MIAMI FL 33144		1.4 CITY-ST-ZIP				
TITLE		. DELETE	2.1 TITLE		Change	Addition	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS			1	
CFTY-ST-ZIP	* * *		2.4 CITY-ST-ZIP ·	and the same of th	☐ Change	Addition	
TITLE		☐ DELETE	3.1 TITLE		Change	Addition	
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STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP		Chelete	3.4. CITY-ST-ZIP		Change	Addition	
TITLE	,	☐ DELETE	4.1 TITLE		☐ Change		
NAME			4. 2 NAME	•			
STREET ADDRESS			4.3 STREET ADDRESS			İ	
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		[] Change	Addition	
TITLE	·		5.1 ITILE 5.2 NAME				
NAME		•	5.3 STREET ADDRESS			,	
STREET ADDRESS	,		5.4 CITY-ST-ZIP		-		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		☐ Change	Addition	
	, ,	- Delete	6.2 NAME			<u></u>	
NAME		•	6.3 STREET ADDRESS				
STREET ADDRESS	The state of the s		6.4 CITY-ST-ZIP				
CITY-ST-ZIP '	le " ·		0.7 VIII "01" LIF				

14. 1 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 suppliemental 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 of 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 or an attachment with an address, with all other like empowered.

SIGNATURE: