FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90044 012 ***150.00

PROFIT -CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State ON OF CORPORATIONS

}	1999 · `	DIVISION.							
3. Corporatio	MENT # P980 CH SOLUTIONS USA.								
Principal Plac	e of Business	Mailing Address			. , , , , , , , , , , , , , , , , , , ,	(8 1819) (Qui) 9814 2810 2811 4811 4211 421			
l '	PARK BLVD. N. SUITE 102	9980 CENTRAL PARK	RLVD. N. SU	ITE 102	· ·				
BOCA RATON FL 33428 BOCA RATON FL 33428					•	,			
00011 1011011	. 2 00 00					DO NOT WRITE IN THIS S	PACE		,
					3. Date Incorpora 07/29/1998 4. FEI Number.				
2. Principal P	lace of Business	2a. Malling Address	2a. Malling Address			accina C	App	died For	
21		28	-		62-03	855495	Not	Applicable	[
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of S	tatus Desired	\$8.75 A		
22	• •	27			5. Caratcate or 3		Fee Re	quired)
City & State 7		City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cour	ntry	8. This corporation	on owes the current year Intar	ıgible		Į
24	25	29	30		Personal Prop	erty Tex.	Yes ,	MNo	ŀ
24		Current Registered Agent			10. Name and Ad	idress of New Registered A	gent		l
			-	81 Name					
WEINER, HOWARD M					Address (P.O. Box Number	or is Alest Assentable)			ł
9980 CENTRAL PARK BLVD. N. SUITE 102			82 Street	ADDRESS (P.O. BOX MUNDO	or so Mor wordhigner				
BOCA RATON FL 33428			83						
							11 6	N. 4.	ł
				84 City		FL	{I ' ' '	code .	
	to the populations of Continue S	07 0502 and 607 1508 Florida S	tatutes the at	bowe-named	corporation submits this s	tatement for the purpose of ci	nanging its	registered	1
office or	egistered agent, or both, in the	07.0502 and 607.1508, Florida S state of Florida. Such change w obligations of, Section 607.0505	vas authorized	by the corpo	oration's board of director	s. I hereby accept the appoint	ment as rec	gistered	1
agent. I a	m familiar with, and accept the	obligations of, Section 607.0505	o, Florida Statu	J(63.	•	•			(
SIGNATURE	Signature, typed or printed name of regist	arrest arrest and hile if arrebrahia	(NOTE: Recistered	Agent signature n	course when reinstating)	DATE			ء ا
12.		RS AND DIRECTORS	13.		ADDITIONS/CI	IANGES TO OFFICERS AND	DIRECTO		ĝ
TITLE	D ·	☐ DELET	E 1.1 π	TE		 -	Change :	☐ Addition	È
NAME	FIRESTONE, PETER		1.2 NA	1				_	
STREET ADDRESS	P.O. BOX 514			we			Cimile.	_	- 6
			1.3 ST	REET ADDRESS					203
CITY-ST-ZIP			9				,		DOEDS
	HULL MA 02045-0514	☐ DELET	1,4 01	REET ADDRESS TY-ST-ZIP			Change	Addition	COSEUS
į .	D	C] DELET	1,4 01	REET ADDRESS TY-ST-ZIP TLE			- , ·	Addition	COSEUS
NAME	D Butler, Michael	☐ DELET	1.4 CT TE 2.1 TT 2.2 NA	REET ADDRESS TY-ST-ZIP TLE			- , ·	Addition	COSEUS
NAME STREET ADDRESS	D BUTLER, MICHAEL P.O. BOX 514	☐ DELET	1.4 CT TE 2.1 TT 2.2 NA 2.3 ST	REET ADDRESS IY-ST-ZIP TLE WE REET ADDRESS		1	- , ·		COSEUS
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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 certify 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.

8.4 CITY-ST-ZIP

SIGNATURE: (

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