

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0037586

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000068950**
 1. Corporation Name
CHELA CORPORATION

FILED
 89 AUG -4 AM 11: 56

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



05/17/99 90075045 # 150.00
 DO NOT WRITE IN THIS SPACE

Principal Place of Business
**1111 KANE CONCOURSE ROAD #217
 BAY HARBOR ISLANDS FL 33154**

Mailing Address
**1111 KANE CONCOURSE ROAD #217
 BAY HARBOR ISLANDS FL 33154**

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt #, etc.	27	Suite, Apt #, etc.
23	City & State	28	City & State
24	Zip	29	Country

3	Date Incorporated or Qualified	Applied For
	08/07/1998	Not Applicable
4	FEI Number	
	65-0936048	
5	Certificate of Status Desired	\$8.75 Additional Fee Required
	<input type="checkbox"/>	
6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	<input type="checkbox"/>	
8	This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**ROUSSO, MARK E
 2875 N.E. 191 STREET, PH3A
 AVENTURA FL 33180**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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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]* DATE: 7/20/99

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DPVS	<input type="checkbox"/> DELETE
NAME	SAUER, LAURA RAQUEL	
STREET ADDRESS	1111 KANE CONCOURSE ROAD #217	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ANIBAL SEBASTIAN GIMENEZ	
1.3 STREET ADDRESS	1111 KANE CONCOURSE ROAD # 217	
1.4 CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(j), 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, and that I am duly 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, and that I am a resident with an address.

SIGNATURE: *[Signature]* PRESIDENT DATE: 7/15/99 305-861-7172

CR2E034 (5/99)

SP