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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000070950

1. Corporation Name

CHS DISTRITECH CORP.

Principal	Place	of	Business

Mailing Address

7620 NW 25 STREET UNIT 7 MIAMI FL 33122

7620 NW 25 STREET UNIT 7 MIAMI FL 33122

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90106 010 ***150.00



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DO NOT WRITE IN THIS SPACE

	•	•			3. Date Incorporated or Qualified 08/14/1998	•		
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Apr	lied For	
21 7620				zet 💮	65-0857996	Not	Applicable	
Suite, Apt.		Suite, Apt. #, etc.	<u> </u>		5 Certificate of Status Desired	\$8.75 A		
22 Uni+		27 ()nì+#8°		,	5. Certificate of Status Desired	Fee Rec	uired	
City & State		City & State			6. Election Campaign Financing	\$5.00	vlay Be	
23 Mianv		28 Miari Floris			Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year Inta			
24 33122	25 U.S.A.	29 33122 30	<u> </u>	A	T Croonar Toporty Tax.		□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered A	gent		
BOT	II I FONADOO A		81	Name		•		
	H, LEONARDO A		82	82 Street Address (P.O. Box Number is Not Acceptable)				
	NW 25 STREET UNIT 7							
MIAN	MI FL 33122		83					
	+ %	•	84	City		85 Zip C	ode	
				,	<u>FL</u>	1 1 '		
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligation	t Fiorida. Such chande was autr	ionzea by	the corporation	oration submits this statement for the purpose of con's board of directors. I hereby accept the appoin	tment as reg	istered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Ager	nt signature required	d when reinstating) DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE		100	☐ Change	Addition	
NAME	SPERMAN, FABIAN D		1.2 NAME					
STREET ADDRESS	1702 JOSE INGENIEROS			TADORES\$				
CITY-ST-ZIP	BUENOS AIRES ARGENTINA		1.4 CITY-S	T-ZIP				
TITLE	VD	DELETE	2.1 TITLE	-		Change	Addition	
NAME	GELDART, GUSTAVO G		2.2 NAME					
STREET ADDRESS	1427 CAPITAL FEDERAL OLLER	OS 3918	2.3 STREE	T ADDRESS	•			
CITY-ST-ZIP	BUENOS AIRES ARGENTINA		2. 4 CITY-5	ST-ZBP			_	
TITLE	VD	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition	
NAME	SPERMAN, GUSTAVO J		3.2 NAME					
STREET ADDRESS	7620 NW 25 ST UNIT 7		3.3 STREE	TADDRESS	,			
CITY-ST-ZIP	MIAMI FL 33122		3.4. CITY-5					
TITLE	THE MATTER OF THE STATE OF THE	☐ DELETE	4.1 TITLE			Change	☐ Additio	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	Additio	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	TADORESS				
CITY-ST-ZIP		•	5.4 CITY- S	ST-ZIP		,		
TITLE	•	☐ DELETE	6.1 TITLE		<u> </u>	Change	☐ Additio	
			6.2 NAME					
NAME			F .	T ADDRESS				
STREET ADDRESS		•	6.4 CiTY-S					
CITY OF 7ID	1 4 .		- U.T OIL 17 C					

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 or an attachment with an address, with all other like empowered.

SIGNATURE: