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

**PROFIT** CORPORATION **ÄNNUAL REPORT** 

FLORIDA DEPARTMENT OF STATE

Katherine Harris 🔞

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000088196 Lock
1. Corporation Name
CHB | RHIND GWOUP Corlons HON

FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90009 036 \*\*\*150.00

		548118 - 90	0009 - 36 B +	
Principal Place of Business Mailing Address				_
	,			
6043-th Kinberly blad				
		DO NOT WRITE IN THIS SPACE		
M. LAUderdale, tc, 33068		3. Date Incorporated or Qualifed	Cill Danti	on vot
2. Principal Place of Business 2a. Mailing Address		4. FEI Number	(ADAL-076ATT	ed For
21 SAve 26 SAVE		4. I El Number	/ <del>                                      </del>	pplicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		Certifcate of Status Desired	_ \$8.75 Add	
	27		Fee Requ	
City & State City & State			<b> \$5.00</b> м	av Be
28		6. Election Campaign Financing Trust Fund Contribution	Added to I	,
Zip _ Country Zip	Country	8. This corporation owes the curre		
24 25 29 30	<u>o </u>	Personal Property Tax.		No
Name and Address of Current Registered Agent	81 Name	10. Name and Address of New R	Registered Agent	
	onna H.		[	
	ss (P.O. Box Number is Not Accepta	ible)24 1-		
	83 391	0 S. STATE	<u>ku</u> T	
	03			
	84 City A	Rate	FL 85 Zip Coo	ie , S
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,	the above-named cornor	ration submits this statement for the		Distered
l — office or registered agent, or both, in the State of Florida, Such change was auth	orized by the corporation	's board of directors. I hereby accep	t the appointment as regis	tered
agent. I am familiar with, and accept the obligations of Section 607.0505, Florid	Salvies.	- ( - 1 - 2008	4-24-99	Ì
SIGNATURE Signature, typed or printed arms of registers Asian and the papplicable. (NOTE: Re	egistered Agent signature required	when reinstating)	DATE	— l
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTORS	3 IN 12
TITLE PRESIDENT DELETE	1.1 TITLE		Change	☐ Addition
NAME STREET ANDRESS JOSE BARDO	1.2 NAME			İ
STREET ADDRESS	1.3 STREET ADDRESS			
CITY-ST-ZIP 6043-4 Furberly Bld, N.L. [233068]	1.4 CITY-ST-ZIP			( ) b 1 ( ) ;
TITLE VILE PRESIDENT DELETE	2.1 TITLE		☐ Change	Addition
NAME OSCO Contreas	2.2 NAME			
STREET ADDRESS	2.3 STREET ADDRESS			
TIME 1155 DELETE	2.4 CITY-ST-ZIP		☐ Change	Addition
Mice bostomi	3.1 TITLE 3.2 NAME		[   Gliange	
STREET ADDRESS COOMEN 5 A MOS	3.2 NAME 3.3 STREET ADDRESS			1
CITY-ST-ZIP 60434 Cuberly blog to 33068	3.4. CITY-ST-ZIP			
TITLE DELETE	4.1 TITLE		☐ Change	Addition
NAME	4. 2 NAME			
STREET ADDRESS	4.3 STREET ADDRESS			i
CITY-ST-ZIP	4.4 CITY-ST-ZIP			
TITLE DELETE	5.1 TITLE		Change	Addition
NAME	5.2 NAME			
STREET ADDRESS	5.3 STREET ADDRESS			
CITY-ST-ZIP	5.4 CITY-ST-ZIP			
TITLE DELETE	6.1 TITLE		Change	☐ Addition
NAME	6.2 NAME			
STREET ADDRESS	6.3 STREET ADDRESS			
CITY-ST-ZIP	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, with all other like empowered.

SIGNATURE: ≥

CR2E034 (11/98)