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

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## 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 # DOCOCOOSE4

i. Corporatio	CH GROUP, INC.					
Principal Plac	e of Business	Mailing Address		T (MP)(AB) tim yayan janti barin abin	1 30(1) 80110 10110 10101 10181 1	
710 NORTHWES UNIT 2	T 111TH PLACE	710 NORTHWEST 111TH PLA UNIT 2	CE			
MIAMI FL 33172 MIAMI FL 33172		=		DO NOT WRITE IN THIS SPACE		
				3. Date incorporated or Qualifed 12/01/1998		
2 Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Ar	plied For
21		26		65-0880301	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5 Continue of Status Desired	\$8.75	Additional
22	-	27		5. Certificate of Status Desired	Fee Re	quired
City & State		City & State		6. Election Campaign Financing	\$5.00	
23		28		Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	8. This corporation owes the curr	ent year Intangible 102	ctive
24	25	1-1	30	Personal Property Tax.	☐ Yes	⊠No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New F	tegistered Agent	
AMFI	RILAWYER		P	ierre Butler		
343 ALMERIA AVENUE			82 Street Add	iress (P.O. Box Number is Not Accepta	able)	
CORAL GABLES FL 33134			83	10 Northwest 111th F	IACE	
00102 0002012 00101			ا"ا ل	Init 2		
			84 City	۸٠:	FL 85 Zip	Code 172
44 Durana	to the acceptance of Continue CO7 0502	and 607 1509. Elorida Statute	s the above named con	noration submits this statement for the		)
office or	to the provisions of Sections 607.0502 registered agent, or both, in the State of	f Florida. Such change was au	thorized by the corporat	ion's board of directors. I hereby accep	ot the appointment as re	gistered
agent. I a	am familiar with, and accept the obligati	ons of, Section 607.0505, Flori	da Statutes.		11/-11999	
SIGNATURE	Signature, typed or printed name of registered agent	and title if englicable (NOTE:	Registered Agent signature requir	red when reinstating)	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	STPREUX, LUDNEL		1.2 NAME			
STREET ADDRESS			1.3 STREET ADDRESS			;
CITY-ST-ZIP	MIAMI FL 33172		1.4 CITY-ST-ZIP			
TITLE	VD	☐ DELETE	2.1 TITLE	,	☐ Change	☐ Addition
NAME	GUMBS, LESLIE		2.2 NAME			
STREET ADDRESS	710 NORTHWEST 111TH PLACE		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33172		2.4 CITY-ST-ZIP			
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME	GARCIA, ALBERT		3.2 NAME			
STREET ADDRESS	710 NORTHWEST 111TH PLACE		3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33172		3.4. CITY-ST-ZIP			
TITLE	TD	☐ DELETE	4.1 TITLE	<del></del>	☐ Change	Addition
NAME	BUTLER, PIERRE		4. 2 NAME			}
STREET ADDRESS	710 NORTHWEST 111TH PLACE		4.3 STREET ADDRESS	•		
CITY-ST-ZIP	MIAMI FL 33172		4.4 CITY-ST-ZIP		,	
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME			ſ
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: 2

NAME

STREET ADDRESS