

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 510682
1. Corporation Name CHULA INC.

Principal Place of Business 9615 NW 76ST
Mailing Address TAMARAC, FL 33321

2. Principal Place of Business 21 <u>SAME AS ABOVE</u> Suite, Apt. #, etc. 22 <u>SAME</u> City & State 23 <u>SAME</u> Zip 24 <u>SAME</u>	2a. Mailing Address 26 <u>SAME AS ABOVE</u> Suite, Apt. #, etc. 27 <u>SAME</u> City & State 28 <u>SAME</u> Zip 29 <u>SAME</u>	3. Date Incorporated or Qualified <u>11-5-90</u> 3a. Date of Last Report <u>4-15-95</u> 4. FEI Number <u>65-0224207</u> 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No
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9. Name and Address of Current Registered Agent
BRUCE L. RAWDIN
9615 NW 76ST
TAMARAC, FL 33321

10. Name and Address of New Registered Agent

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

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 of person providing information or registered agent or both) (Print Name of Registered Agent) (Print Name of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
STREET ADDRESS	STREET ADDRESS	13 STREET ADDRESS	14 CITY - ST - ZIP
CITY - ST - ZIP	CITY - ST - ZIP	21 TITLE	22 NAME
		23 STREET ADDRESS	24 CITY - ST - ZIP
		31 TITLE	32 NAME
		33 STREET ADDRESS	34 CITY - ST - ZIP
		41 TITLE	42 NAME
		43 STREET ADDRESS	44 CITY - ST - ZIP
		51 TITLE	52 NAME
		53 STREET ADDRESS	54 CITY - ST - ZIP
		61 TITLE	62 NAME
		63 STREET ADDRESS	64 CITY - ST - ZIP

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*****225.00**

071096 JDR

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bruce L. Rawdin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/96 954-7200255

CR2E034 (3/96)