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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

CHARLE STATE OF THE STATE OF TH

S54048

(1)

CHESTER CORPORATION

Principal Place of Business

Mailing Address

FILED Apr 22 1998 8:00am Secretary of State



1800 S. OCEAN BLVD., #512 POMPANO BEACH FL 33062		1800 S. OCEAN BLVD., #512 POMPANO BEACH FL 33082		DO NOT HIRITE IN TH	IO 004.05	
					DO NOT WRITE IN TH 3. Date Incorporated or Qualified	IS SPACE
					05/20/1991	
2. Principal P	Place of Business	2a. Mailing Address			4, FEI Number	Applied For
21		26		65-0449863	Not Applicable	
t Suite Ant # etc		Suite, Apt. #, etc.				\$8.75 Additional
22 City & State		City & State	City & State		5. Certificate of Status Desired	Fee Required
23		28	- '		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	1	8. This corporation owes or has paid the	current year Intangible
24	25	 	30		Personal Property Tax due June 30.	Yes No
-	e, Name and Address of Current	Registered Agent		1	10. Name and Address of New Registere	od Agent
	J rbi na, Javier		81	Name		
1800 S. OCEAN BLVD., #512			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
POMPANO BEACH FL 33062			83	ļ		
			84	City	F	L 85 Zip Code
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, typed or protect name of trig stered agret, and Mile 4 applicable (NOTE: Registered Agent signature required whon reinstating) DATE						
12.	OFFICERS AND		13.	ont eighters to	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	☐ DELETE	1.1 TITLE			Change Addition
NAME	URBINA, JAVIER		1.2 NAME			-
STREET ADDRESS	1800 S OCEAN BLVD #512		1.3 STREE	I ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL		1.4 CITY-1			
TITLE	D	DELETE	2.1 TITLE			Change Addition
NAME	URBINA, JULIA		2.2 NAME	İ		-
STREET ADDRESS	1800 S OCEAN BLVD #512		2 3 STREE	ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL		2. 4 CITY-	ST-ZIP		
TITLE	D	DELETE	3 1 TITLE			Change Addition
NAME	urbina, javier, jr.		3 2 NAME			
STREET ADDRESS	1800 S OCEAN BLVD, #512		3 3 STREE	ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL		3.4. CITY-	ST-ZIP		
TITLE	D	DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME	urbina, jaime		4.2 NAME			
STREET ADDRESS	1800 S OCEAN BLVD #512		4.3 STREE	ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL		4.4 CITY-5	ST-ZIP		
TITLE	D	DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME	urbina, alejandro		5.2 NAME			
STREET ADDRESS	1800 S OCEAN BLVD #512		5.3 STREET	ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL		5.4 CITY - S	IT - ZIP		
TITLE	D	DELETE	6.1 TITLE			Change Addition
NAME	LANGE, CLAUDIA V		6.2 NAME			
STREET ADDRESS	1800 S OCEAN BLVD #512		6.3 STREE	ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL		6.4 CITY-5			
14. Thereby 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 path; that I am an						
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 eath; that I am an officer or director of the corporation or the receiver or trustive 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 of an attachment with an artifices.						

JAVIER URBINA 11-11-98/9611 QUA . DZ