

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 PM 8:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S79886** (5)

1. Corporation Name  
**CHGP CORP.**

Principal Place of Business

Mailing Address

6565 COLLINS AVENUE  
MIAMI BEACH FL 33141  
US

656 COLLINS AVENUE  
MIAMI BEACH FL 33141  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/12/1991** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0303096** Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

6. Election Campaign Financing  \$5.00 May Be  
Trust Fund Contribution Added to Fees

7. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 26 **6565 COLLINS AVENUE**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 28 **MIAMI BEACH, FL**  
Zip Country Zip Country  
24 25 29 **33141** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SUSSMAN, JOEL B.**  
**190 BAIFOUR DR**  
**BAI HARBOUR FL 33154**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 12. OFFICERS AND DIRECTORS |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------|---|---|
| TITLE                      | PD                  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SUSSMAN, JOEL       | 1.2 NAME  |   |
| STREET ADDRESS             | 190 BAIFOUR DR      | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | BAI HARBOUR FL      | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | SD                  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SUSSMAN, IRA        | 2.2 NAME  |   |
| STREET ADDRESS             | 9861 E BROADVIEW DR | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | BAY HARBOR FL       | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                     | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 3.2 NAME  |   |
| STREET ADDRESS             |                     | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                     | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 4.2 NAME  |   |
| STREET ADDRESS             |                     | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                     | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 5.2 NAME  |   |
| STREET ADDRESS             |                     | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                     | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 6.2 NAME  |   |
| STREET ADDRESS             |                     | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                     | 6.4 CITY - ST - ZIP                                   |   |

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 110.07(3)(k), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* IRA SUSSMAN, Secy /DIR

4/28/95

866-1637

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Telephone (Area #)