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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF

FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortnam **FILED** ANNUAL REPORT Secretary of State May 01, 1996 08:00 AM DIVISION OF CORPORATIONS 1996 **Secretary of State** (8)**DOCUMENT #** CHE, TANO INC. Principal Place of Business Mailing Address 10822 SW 89 LN 13726 SW 88 STR MIAMI FL 33176 MIAMI FL 33186 ШS US 3a. Date of Last Report 3. Date Incorporated or Qualified 06/09/1992 06/27/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0344236 Not Applicable 26 21 **\$8.75** Additional Suite, Apt. #. etc Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 23 28 8. This corporation has liability for intangible tax under s 199.032 Florida Statutes Yes No Country Zip Country 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Street Address (P.O. Box Number is Not Acceptable) DI LORENZO, LUCIANO 82 10822 SW 89 LN 83 **MIAMI FL 33176** Zip Code 85 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE (NCT): Registro, (Alient signature Signature, typed or product name of registered agent and the flacker inte-(12/95 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition DELETE 1 TT NE TITLE CR2E034 1.2 NAME DI LORENZO, LUCIANO NAME 10822 SW 89 LN 1.3 STREE: ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY - ST - ZIP CITY - S1 - ZIP ☐ Change ■ Addition DELETE **VPS** 2 1 TITLE TITLE 2.2 NAME MEDINA, SANDRA NAME 9104 SW 15TH CT 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL CHTY-ST-ZIP 2.4 C/1Y - ST - Z/P ☐ Change Addition □ DELETE 3 : 11'LE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY - ST- ZIP Change Addition DELETE 4 LTITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City S1-7IF CITY - ST - ZIP Change Addition □ D€LET€ 5 111716 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CHY+ST-ZIP CITY-ST-ZIP Charige Addition □ DELETE 6 1 Till E TITLE 62 NAME NAME 6.3 STREET ADDRESS STREFT ADDRESS 5.4 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 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental armual report is true and accurate and that my signature shall have the same legal effect as if made under early, 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 or, an attactment with an address. CITY-ST-ZIP

315-8266