

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V51659** (3)

1. Corporation Name  
**CHRISKIM CORP., INC.**



Principal Place of Business  
**7154-56 NOB HILL RD  
TAMARAC FL 33321**

Mailing Address  
**7154-56 NOB HILL RD  
TAMARAC FL 33321**

3. Date Incorporated or Qualified  
**07/20/1992**

3a. Date of Last Report  
**04/25/1995**

|                                |                         |   |  |
|--------------------------------|-------------------------|---|--|
| 2. Principal Place of Business | 2a. Mailing Address     | 4. FEI Number<br><b>65-0348407</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. | 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>                  |
| 22. City & State               | 27. City & State        | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>                     |
| 23. Zip                        | 28. Zip                 | 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 24. Country                    | 29. Country             |   |  |

9. Name and Address of Current Registered Agent

**GEORGE BURGOS  
7154-56 NOB HILL ROAD  
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   | <b>FL</b>    |

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 *George Burgos*

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                              | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                              |
|----------------------------|------------------------------|---|------------------------------|
| TITLE                      | <b>PST</b>                   | 1.1 TITLE   | <b>PST</b>                   |
| NAME                       | <b>BURGOS, SEDACE</b>        | 1.2 NAME  | <b>BURGOS, GEORGE</b>        |
| STREET ADDRESS             | <b>7154-56 NOB HILL ROAD</b> | 1.3 STREET ADDRESS                                    | <b>7154-56 NOB HILL ROAD</b> |
| CITY-ST-ZIP                | <b>TAMARAC FL</b>            | 1.4 CITY-ST-ZIP                                       | <b>TAMARAC FL 33321</b>      |
| TITLE                      | <b>VP</b>                    | 2.1 TITLE   |                              |
| NAME                       | <b>BURGOS, PAULA</b>         | 2.2 NAME  |                              |
| STREET ADDRESS             | <b>7154-56 NOB HILL RD.</b>  | 2.3 STREET ADDRESS                                    |                              |
| CITY-ST-ZIP                | <b>TAMARAC FL</b>            | 2.4 CITY-ST-ZIP                                       |                              |
| TITLE                      |                              | 3.1 TITLE   |                              |
| NAME                       |                              | 3.2 NAME  |                              |
| STREET ADDRESS             |                              | 3.3 STREET ADDRESS                                    |                              |
| CITY-ST-ZIP                |                              | 3.4 CITY-ST-ZIP                                       |                              |
| TITLE                      |                              | 4.1 TITLE   |                              |
| NAME                       |                              | 4.2 NAME  |                              |
| STREET ADDRESS             |                              | 4.3 STREET ADDRESS                                    |                              |
| CITY-ST-ZIP                |                              | 4.4 CITY-ST-ZIP                                       |                              |
| TITLE                      |                              | 5.1 TITLE   |                              |
| NAME                       |                              | 5.2 NAME  |                              |
| STREET ADDRESS             |                              | 5.3 STREET ADDRESS                                    |                              |
| CITY-ST-ZIP                |                              | 5.4 CITY-ST-ZIP                                       |                              |
| TITLE                      |                              | 6.1 TITLE   |                              |
| 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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *George Burgos*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96 945-7267100

Date

Daytime Phone

CR2E034 (12/95)