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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1	1996			DIVISION OF CORPORATIONS						
DOCUN 1. Corporation		34822	: O	(5)						
••		MENT CO., IN	C.							
Principal Place	of Business		Mai	ling Address					80) 0 (8) 8(8) 8)	IN OLDI DIEN LODI
6073 N W 1 Miami FL 33		UNIT C-24		6073 N W 167 ST MIAMI FL 33015	U	NIT C-24				
							3. Date Incorporated or Qualifie 06/17/1969	3a.	Date of Last R 06/19/19	995
2. Principal Pla	ce of Business		2a. 26	Mailing Address			4. FEI Number 59-1272719		<u></u>	Applied For Not Applicable
Suite, Apt #	, etc.		\rightarrow	Suite: Apt. #, etc			5. Certificate of Status Desired	П		5 Additional
2			27							Required
City & State			28	City & State			 Election Campaign Financing Trust Fund Contribution 			00 May Be ed to Fees
Ζιρ		ountry		Zıp	Coun ry		8. This corporation has liability (199.032,
24	25		29		30		Florida Statutes 10 Name and Address of Nev	es N		
	9. Name and	Address of Currer	t Hegist	ered Agent		Name	10. Name and Address of Nev	negiste	rea Agent	
WALIDL	IAUSEN, EDWII	J I								
	W 167 ST	UNIT C	24		82	Street Add	dress (P.O. Box Number is Not Accep	table)		
	FL 33172	•			8:3					db
					84	City			85 Z	p Code
						L			FL	
 Pursuant to or registere 	o the provisions of ed agent, or both,	Sections 607.0502 in the State of Flori	rand 607 da. Sugn	change was authorzi	es, the abova- ed by the ccη	named corpi oration's bo	oration submits this statement for the and of directors. I hereby accept the a	purpose o ppointmer	r changing its it as registered	d agent. I im
	h, and accept the	obligations of, Sect	ion 607.0	505, Florida Statutes						
SIGNATURE _	Signature typed or pricte	dinan e of repidered agest	and their ap	pietaten dNO	II. Bagisterad App	nt signature regio	red who is reinstating?	DA		
12.		OFFICERS AN	D DIRECT		13.		ADDITIONS/CHANGES TO C	FFICERS	AND DIRECTO Change	
TIFLE	TD WALIDHALI	SEN, ORDELIA		☐ DELETE	1 1 THT E				L] Griange	☐ Addition
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NAME		sen, edwin J			2.2 NATE					
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NAME					4.2 NAME					
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CITY-ST-7IP				DELETE	4.4 CH · ·				Change	Addition Addition
TITLE				☐ DELETE	5 1 111 6				Gridings	☐ Addition
NAMÉ STREET ADDRÉSS					5.2 NAME 5.3 STER	T ADDRESS				
CITY-S1-ZIP					54 CiTr -					
TITLE		A. A. A		☐ DELETE	6 1 THE				Change	Addition.
NAMÉ					6.2 NAME					
STREET ADDRESS					6.3 STF 36	T ADDRESS				
CITY-ST-ZIP	A.F. A	formation .		filmer of real material 4	64017	ST-7IP	, for the execution stated a Postice :	10 07/2H) Florido Stati	utae I further
cortify that	the information in	dicated on this ann	ua! reciórt	t or supolemental and	nual report is ti	rue and accu	y for the exemption stated in Section trate and that my signature shall have	the same	legal effect as l	it made und e r
oath; that	Lam an officer or i Block 12 or Block	airector of the corp. k. 13 if changed, or	iration or on au atti	the receiver or truste achment with an add	eu empoweri c iess	no execute t	this report as required by Chapter 607	, Fiorida S	Ratutes, 810 ff	at my name

SIGNATURE: Or delia Wahrhaush
SIGNATURE OR PRINTED NAME OF SIGNING OFFICER OR DIRECT OR OFFICER OR DIRECT OR SEC TREAS.

4-23-96 305-828-0400