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CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT	#	351	498

111

1. Corporation	n Name	# 35 TH	130	(1)				4 7 0 0 0 0 111 0 4 0 31 0 6 10	a la a lbie (810		inii nigii atali	1 1231 12612 1261	
Principal Place	e of Business		Mailing	Address				·	011 WEB! 0 1811	I I I I I I I I I I I I I I I I I I I	IN 11 WEDS DID!	OTOTA BIGIN IERI	
2757 NW 36 MIAMI FL 33	-		-	NW 36TH ST. II FL 33142									
US			US				ļ	ate Incorporated or 08/29/1969	Qualified		te of Last R) 1/30/19 :		
2. Principal Pl	lace of Busine	SS	<u>⊢</u>	ing Address			4. FE	Number 59-1273002			-	Applied For	_
Suite, Apt.	#. etc.		26 Suit	e, Apt. #, etc.							بلانقيان مست	Not Applicable Additional	
22			27	0,7 451. 11, 010.			5. C	ortificate of Status I	Desired			Required	
City & State	е		<u> </u>	& State			I	ection Campaign Fi	-			0 May Be	
7/p		Country	28 Zip		Count	'rv		rust Fund Contributions corporation has				d to Fees	-
24	:	25	29		30	,	1	orida Statutes		No	an under s	188,032,	
	9, Name	and Address of Cu	urrent Registered	l Agent		· · · · · · · · · · · · · · · · · ·	10. N	ame and Address	of New F	Registered	Agent		
CEIN E	MICHAEL				[8	11 Name	Mic	haef S. Box N.Iniber is No	eid	10			
	, MICHAEL ELLA VISTA	AVE			٤	Street Add	ress (P.O.	Box Number is No	t Acceptal) () (
	GABLES FL				Ε	13	100	N. W	· •	·			-
0011.2					٠	d City					DE 7.	p Code	4
						M	14 m	<i>i</i>		FL	_ 3	3142	
or register	red agent, or t	ns of Sections 607. xoth, in the State of	Florida, Such char	nge was authoriz	ed by the co	 named corpor rporation's boa 	eration sub- ard of direc	enits this statement stors. Thereby acce	for the pur pt the app	rpose of cl ointment a	ianging its r s registered	egistered office Lagent, Lam	€
familiar wit	th, and accep	t the obligations of,	Section 607.0505	, Florida Statutes	3.								
SIGNATURE _	Signature, typed o	r printed name of registered	l agent and title if applicat	de 'NC	nt Registed A	post signal increasion	ed when reinst	alogʻ		DATE			16
12.	T	OFFICERS	AND DIRECTOR		13.		AL	DDITIONS/CHANGE	S TO OFF]Š
TITLE	P	MICHAEL		DELETE	1 1 1111						Change	Add tion	CR2E034 (12/95)
NAME DESCRIPTION		LIA VISTA AVE			1.2 NAM								용
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CITY-ST-Z:P TITLE	V	WADELO I C		DELETE	2 1 TIEL	· ST · ZIP F					Change	Addition	5
NAME	SEIDLE,	ROBERT			2 2 NAM								
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CITY-SI-ZIP	MIAMI F	<u>L</u>				· ST-ZIP							4
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NAME		MIUTIAEL W. 367H ST.			4.2 NAM	1							
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CITY-ST-ZIP TITLE	D	-		DECETE	4.4 CITY 5.1 TITE	- S' - ZIP	= = .				Change	Addition	
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TITLE	1			DELFIE	6 1 TITL						☐ Change	Addition	
NAME					6.2 NAM	į.							
STREE! ADDRESS	1				6 3 S1RE	EL ADDRESS							
CHY-ST-ZIP					6.4 City	- \$1 - 7IP							

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-76

205-677-8008