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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham:

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name 403399 (9)

FINE L	JECCHATORS, INC.								
Principal Place o	of Business	Mailing Address				A TAMATILI MANALI MANAMA ANIMA NASALAN NASA	##	47811 010	FI V IVIN BIBII 180
1051 N.W. 31 HALLANDALE		1051 N.W. 3RD STF HALLANDALE FL 33							
						3. Date Incorporated or Qualified 06/20/1972	3a. Date 0	of Last Re 1/26/19	
2. Principal Plac	ce of Business	2a. Mailing Address		·		4. FEI Number			Applied For
1		26				59-1403334			Not Applicable
Suite, Apt. #, etc.			Suite, Apl. #, etc.			5. Certificate of Status Desired See Require			
Crty & State		City & State				6. Election Campaign Financing		\$5.0	O May Be
		28				Trust Fund Contribution			d to Fees
Zφ	Country	Zφ	Cou	Pitry	,	8. This corporation has liability for i		under s	199.032,
	25	29	30			Florida Statutes Yes 10. Name and Address of New R			
	g. Name and Address of Curr	ent Registered Agent		81	Name	10. Name and Address of New H	egistereu A	gent	
				1					
FINE, THEODORE 1051 NW 3RD ST.				82 Street Add		ess (P.O. Box Number is Not Acceptab	ile)		
				83		······································	· 		
HALLAN	NDALE FL 33009							1-1-5	
	\sim			84	City		FL	85 Z ₁	ip Code
SIGNATURE		AND DIRECTORS	13.		Signature requires	ADDITIONS/CHANGES TO OFF			
ITLE	PD	DELFTE	1 1 1				L] Change	Addit-on
AME .	FINE, THEODORE	_		NAME	1020407				
TREET ADORESS	12805 BISCAYNE BAY DI NORTH MIAMI FL	\$		CITY-ST	ADOPESS				
ITY-ST-ZIP TLE	SD SD	☐ DELETE		TITLE	- 211				☐ Addition
AME	FINE, JEANETTE	<u> </u>] Change	
			22 N	NAME] Unange	
TREET ADDRESS	12805 BISCAYNE BAY DI	3			address] Unange	
	12805 BISCAYNE BAY DI NORTH MIAMI FL	٩	238						
ry - St - ZIP		R DELETE	23S 24C	STREELT A				Change	☐ Addition
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The needy certy that the information supplies which its little and the property of the execute the same legal effect as it made under certify that the information indicated on this annual rejunt or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as it 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 Book 13 if changes, or op an attachment with an address

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SIGNATURE SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR