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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUM 1. Corporation I	MENT # 72512	22	(6)							
	L HOUSE, INC.									
Principal Place o	of Business	Maili	ing Address				I 180 HI JABES IIOSE SIISI IIOSE IIOSE	FIQS OFFIS BIG II		áit áithi itai
5065 COLLINS MIAMI BEACH I		5055 COLLINS AVENUE MIAMI BEACH FL 33140								
MIAMI DEAGN	FL 33140	(MILE	AMI DENOTT TE GOTTO			-	3. Date Incorporated or Qualified	3a. Dat	e of Last F	leport
							12/20/1972		5/01/19	
2. Principal Plac	ice of Business	2a. I	Mailing Address				4. FEI Number		A	pplied For
न		26					59-1460459		\rightarrow	ot Applicable
Suite, Apt. #,	i, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional lequired
City & State			City & State				6. Election Campaign Financing			May Be
23		28		Country			Trust Fund Contribution			to Fees
Zip 24	Country 25	29	Zip	30	,		8. This corporation has liability for Florida Statutes	intangibie tab ∐Yes 🛣		199.032,
**	9. Name and Address of Cur		ered Agent	1001			10. Name and Address of New R	tegistered A	gent	
				81	Name					
VAN HOU	JTEN, DRUCELLA P.			82	Street	Address	s (P.O. Box Number is Not Acceptab	ole)		
	LLINS AVENUE									
MIAMI BE	ACH FL 33140			63	1					
				84	City			FL	85 Zip	Code
								TL.	noing its re	nistered office
11. Pursuant to	o the provisions of Sections 617.0	502 and 617	.1508, Florida Statute	s, the above-	named co	rporation	on submits this statement for the pu			
tarrillar will	o the provisions of Sections 617.0 ed agent, or both, in the State of F h, and accept the obligations of, S	502 and 617 Florida. Such Gection 617.0	.1508, Florida Statute change was authorize 503, Florida Statutes.	s, the above- ed by the corp	named co poration's	prporation board of	on submits this statement for the pui of directors. I hereby accept the app	ointment as	registered	agent. I am
DIAMETERS	n, and accept the doligations of, a	DECHOIT OT 7.0	1303, 1 londa Statutes.	s, the above ed by the corp TE: Registered Age			hen reinslating)	DATE		
nover a summer	n, and accept the congations of, a Signature, typed or printed name of registered a OFFICERS	DECHOIT OT 7.0	npicable (NOT	TE: Registered Age		equired wh		DATE ICERS AND	DIRECTO	RS IN 12
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appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

305-865-5776