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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

I. Corporation	MENT # F3377	\'-'					
Principal Place	of Business	Mailing Address		1 1001100 1101 11100 11111 10011 10011			
401 BISCAYN DOCK SLIP 2 MIAMI FL 331	2 MIAMARINA	15640 BELLANCA LANE WELLINGTON FL 33414 US		3. Date Incorporated or Qualifod	3a. Date o	f Last Re	port
US				05/07/1981	04/	03/199	5
. Principal Pla	ace of Business	2a. Mailing Address		4, FEF Number 59-2093575		h	pplied For
Suite, Apt. #	# etc	Suite, Apt. #, etc.					lot Applicable Additional
)	, 000.	27		5. Certificate of Status Desired		*	Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution			May Be
7 _{IP}	Country	Zip	Country	8. This corporation has liability for i	intangible tax		
<u>L</u>	25		30	Florida Statutes Yes		<u>.</u>	
	9. Name and Address of Curren	it Registered Agent	81 Name	10. Name and Address of New R	legistered Aç	jent	
2925 SE	CHARLES MINOLE STREET 15640 UT GROVE 33133 Welling	Bellanen La glor, FL 3341	82 Street Add	ress (P.O. Box Number is Not Acceptab	ole)		
	,		84 City		FL	85 Zip	Code
1. Pursuant to	o the provisions of Sections 607.0502 ed agent, or both, in the State of Florid	and 607.1508, Florida Statutes da. Such change was authorized	s, the above named corpor d by the corporation's boa	oration submits this statement for the pur ard of directors. I hereby accept the appr	Dose of chang	ung its re gastered :	egistered office agent. I am
familiar wit	h, and accept the obligations of, Sect	ILL DON DOOR THEILER CANADAS					-
	, and decept the congulation of	ion 607.0505, Fiorida Statutes.		, , , ,			
ignature _	Signature, typed or printed name of registered agent	and title if applicable (NOTE	t. Registered Agent signature respe	ed when reasonage	DATE		US IN AS
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comy that the information indicated by this arman report or suppremental armon 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 Block 16 if changed or on an attachment with an address. Flora So Fge sac. 3/12/91 305.379-5119
Director

SIGNATURE: