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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

CITY-ST-ZIP

SIGNATURE:

DOCUMENT # F89733

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Principal Place	of Business		M	aiting Address				**************************************	= /= /1 4		2.2 21017 181	
1926 STIRL Dania FL :				1926 STIRLING ROAL DANIA FL 33004	D							
								3. Date Incorporated or Qualified	3a. Date	e of Last Re	aport	
								06/30/1982		03/02/19	995	
2. Principal Pla	ace of Busine	oss	2a.	Mailing Address				4. FEI Number			Applied For	
21	N		26	0.3. 4.4.0				59-2204923			Not Applicable	e
Suite, Apt. #	#, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required	
City & State				City & State				6. Election Campaign Financing	_		0 May Be	
23			28					Trust Fund Contribution			d to Fees	
Zip		Country	L-1	Zip		intry		8. This corporation has liability for		ax under s	199.032,	
24		25	[29]		30	Ţ			□No	A		_
	g, Name	and Address of Curre	nt Hegis	tered Agent		81	Name	10. Name and Address of New R	egistered	Agent		
HARR	IO 110070	W 500				L						
		N J., ESQ.				82	Street Ac	ddress (P.O. Box Number is Not Acceptab	le)			
	MOOD FL	OD BLVD STE 212				83						\dashv
HOLLI	I WOOD I'L	33020								-11		_
ı						84	City		FL	. 85 Zự	p Code	
11. Pursuant t	to the provision	ons of Sections 607.050	2 and 60	7.1508, Florida Statute	es, the ab	ove-r	named corp	poration submits this statement for the pur	pose of ch	anging its r	egistered offi	ce
or register familiar wit	ed agent, or th, and accer	both, in the State of Flo ot the obligations of, Se	rida. Suct ction 607.	i change was authoriz 0505, Florida Statutes	ed by the s.	corp	oration's be	oard of directors. I hereby accept the appr	ointment as	registered	agent. I am	
SIGNATURE		. 2										
	Signature, lyped	or printed name of registered age				c Ager	nt signature roqu	cireo when reinstating)	DATE			j;
12.	DD.	OFFICERS A	ND DIREC	DELETE	13.	7:TI E	·	ADDITIONS/CHANGES TO OFF		Change	RS IN 12	
TITLE NAME	PD	EZ, CARLOS		L) beccie	1. 1 ¹				1	Onlings	L.J Addition	
STREET ADDRESS		NW 27TH PLACE					ADDRESS					
CITY-ST-ZIP		ISE FL					ST-ZiP					
TITLE	TS			DELFTE		TITLE	, , , , , , , , , , , , , , , , , , ,			Change	Addilion	
NAME		EZ, CARLOS			221	IAME						
STREET ACIDRESS		NW 27TH PLACE			235	TREET	ADDRESS					
CITY-ST-ZIP		ISE FL					SY-ZIP	·				
TITLE	VM		·· ·-	DELETE		THLE			1	Change	Addition	-7
NAME		EZ, CARLOS			321	IAME						
STREET ADDRESS	8019	N.W. 27TH PLACE			3.3.	STREE	T ADDRESS		**			
CITY-ST-ZIP	SUNR	ISE FL			3.4 (DITY-5	S1-ZIP				<u></u>	\Box
TITLE				☐ DELETE	4. 1	TITLE			1	Change	☐ Addition	
NAME					4.2 1	IAME						
STREET ADDRESS					4.3 9	STREET	I ADDRESS					
CITY-ST-ZIP							ST-ZIP					
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NAME						iAME						
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CITY-ST-ZIP				Fill per end			ST-ZIP			C 0	(
TITLE	1			DELETE	1	TIFLE				☐ Change	Addition	
NAME						MANE						
STREET ADDRESS					6.3 5	STREET	T ADDRESS					

6.4 CITY-ST-ZIP

CAVIOS Chavez

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 as repelled 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 receipt of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 ji manged, or on an attachment with a address.