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

PROFIT



FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT 1996			Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS					
DOCUM 1. Corporation N		H09895	(4)					
THE CO	MREAL CON	1PANIES						
Principal Place o	of Business		Mailing Address					789 0 10 11 01 04 6 0 0 0 1 1 0 0 1
8725 NW 18TH TERR STE 105 MIAMI FL 33172			8725 NW 18TH TERR STE 105 MIAMI FL 33172					
						3. Date incorporated or Qualified 06/19/1984	3a. Date of I 05/3	Last Report 1/1995
2. Principal Plac	ce of Business		2a. Mailing Address			4. FEI Number		Applied For
21			26			59-2456490		Not Applicable
Suite. Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired		8.75 Additional Fee Required
City & State			City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Ζφ 24	Zip Country		Ζφ 29	Zip Country 30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No 10. Name and Address of New Registered Agent		
C/O CON 8725 N.V MIAMI FL	N. 18TH TERRA L 33172		8	3 City	ress (P.O. Box Number is Not Accepta	FL	35 Zip Code	
SIGNATURE						oration submits this statement for the purification of directors. I hereby accept the appropriate the purification of the puri	urpose of changi pointment as reg	ng its registered office jistered agent. I am
12.	Riginature, typinó or printe	d name of registered agent and OFFICERS AND D		I 13.	pert signature requi	ADDITIONS/CHANGES TO OF		RECTORS IN 12
THLE NAME STREET ADDRESS	DP SMITH, STEPHEN H. 8725 N.W. 18TH TERR.		<u></u>		E E E ADDR: SS •S1-ZP	Change Addition		
DITY-ST-ZIP TITLE NAME STREET ADDRESS	MIAMI FL		DELETE	2 1 THU 2 2 NAM	E		. 🔲	Change Addition
CHY-ST-ZIP TITLE NAME			DELE IE	3 1 1111 3 2 NAM				Change [] Addition
STREET AODRESS CITY-ST-7IP TITLE			DELETE		/-\$1-ZIP .F			Change Addition

14. Ido 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 early; that I am an officer or director of the corporation or the receiver or trust to appeared of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 inchanged, error an attachment with an address.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADORESS

64 CHY-ST-ZIP

5.4 CHY-S1-ZIP

4.4 CITY - \$1 - 712

5 1 TITLE

5 2 NAME

6 1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETÉ

DELETE

mith, Pres. 5/29/96 305 - 591-3044

☐ Change

Change

Add tion

____ Addition

CR2E034 (12/95)