Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional \$8.75 Additional	PROFIT CORPORATION ANNUAL REPORT 1996		FLORID	FLORIDA DEPARTMENT OF STATE Sandra B Morthani Secretary of State DIVISION OF CORPORATIONS			
### Accord Retrials ### Ac	DOCUN 1. Corporation	MENT # K477 (07 (0	D)			
S. QLORM REITA'S 20 S.W. TAMIMAI CANAL RD MANUEL 7. 2014 MANU	ARSAB,	CORP.				<u> 1881811 841 848 8184 8884 8884 8884</u>	ni 1881 Biğir Biğir Biyar Biyar Biyar Biyar Biyarı (Bayı
20 SW. TAMAME CANAL RD MAME F. 3014 2. Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business 3. Date incorporated or Qualinest 3. Date incorporated o	Principal Piace	of Business	Mailing Address				
2. Procedure Proce of Business 2. Mading Address 3. Be	230 S.W. TAM	IIAMI CANAL RD.	230 S.W. TAMIA	IMI CANAL RD.			
Suite Apil F, etc. 29	2. Principa! Pla	ace of Business	2a. Mailing Addr	ess		4. FFI Number	
CEY A State Coly A State Coly A	Suite, Apt. #		a di ara l parama in arang a ara ara	etc		1	
Added to Fees ZD Country ZD So Country ZD Country ZD So Country S Trigst Fund Contribution Place Statistics or Processor Place Statistics Pla	City & State						Fee Required
See And See An	23		28			Trust Fund Contribution	Added to Fees
FLEITAS, GLORIA 230 S.W. TAMIAMI CANAL RD. MAMI FL 33144 80 11. Pursuant to the convenience of Scotoce 607 0607 and 607 1606 February Stantes, the above named corporation softwarts the stantement for their purpose of them in the State of Florids, Such change was authorized the corporation softwarts the stantement for their purpose of them in the State of Florids, Such change was authorized the corporation softwarts the stantement for their purpose of them in the glatered agent I am markle with, and exceed the configuration of Such change was authorized the corporation to board of directors. Thereby accept the appointment in registered agent I am markle with and exceed the configuration of Such changes and Statutors. SIGNATURE 21. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. Intel D D DIRECTORS 15. STREET ADDRESS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. Change Addition 17. Addition The Street Address 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 10. Change Addition 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. Change Addition 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		} ₁	F	F 1		1 **	
### 2 Shoot Actives (P.O. Biox Number is Not Acceptable) ### City			ent Registered Agent	81	Name	10. Name and Address of New	Registered Agent
MIAMI FL 33144 88 City FL 85 Zip Code T1. Pursuant to the provisions of Socions 607 0502 and 607 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the originations of, Socion 607 0505, Florida Statutes. SIGNATURE 12.				82	Street Addr	ess (P.O. Box Number is Not Accep	(able)
11. Pursuant to the prouseons of Sections 07 0502 and 607 1508, Florida Statutes, the above-named corporation's submits this statutement for the purpose of changing its registered office or registered agent, or both in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent Lam families with, and accept the originations of Section 607 0505, Florida Statutes. SIGNATURE Spring high the professional period of 1000 from 1000 1000 1000 1000 1000 1000 1000 10							
11. Pursuant to the prouseons of Sections 07 0502 and 607 1508, Florida Statutes, the above-named corporation's submits this statutement for the purpose of changing its registered office or registered agent, or both in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent Lam families with, and accept the originations of Section 607 0505, Florida Statutes. SIGNATURE Spring high the professional period of 1000 from 1000 1000 1000 1000 1000 1000 1000 10				84	City		
SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE CHI CERS AND DIRECTORS 12. OF LI CERS AND DIRECTORS 13. ADDITIONSICHANGES TO OF LICERS AND DIRECTORS IN 12 TILE DELETE 11 TILE LI CHI CERS AND DIRECTORS 12 AMM FLEITAS, GLORIA STREET ADDRESS CITY-ST-2P MIAMI FL DELETE 21 STREET ADDRESS CITY-ST-2P MAMI FL DELETE DELETE 10 CHI CERS 1	11. Pursuant t	o the provisions of Sections 607.05	502 and 607,1508, Floric	a Statutes, the above-r	named corus	pration submits this statement for the	F-L
Systems (Sec 1) price states along colded agreed and sec a agreed to the second Agreed agreed agreed received with receiver or in the second point of the second poi	office or re agent I ar	egistered agent, or both, in the Sta n familiar with, and accept the obt	ite of Florida. Such chanc ligations of, Section 607.	ge was authorized by th 0505, Florida Statutes.	ie corporatio	ori's board of directors. Thereby acc	ept the appointment as registered
TITLE DELETE 11 TITLE Change Addition NAME FLETAS, GLORIA 13 STRET ADDRESS NITAM FL	SIGNATURE	Signature: type 4 in printed name of registered a	agent and to ein applicable	(40TE-Bog stered Agent	s gnähare region	ed when reinstating)	(ME
RAME FLEITAS, GLORIA 12 NAME STREET ADDRESS 230 SW TAMIAMI CANAL RD. 14 CITY-ST-2P MIAMI FL D Change Addition 14 CITY-ST-2P MIAMI FL D Change Addition 14 CITY-ST-2P Addition 15 STREET ADDRESS 20 SW TAMIAMI CANAL RD. 23 STREET ADDRESS CITY-ST-2P MIAMI FL 2 CITY-ST-2P MIAMI FL 3 CITY-ST-2P MIAMI FL 3 CITY-ST-2P MIAMI FL 34 CITY-ST-2P MIAMI FL 35 CITY-ST-2P MIAMI FL 36 CITY-ST-2P MIAMI FL 36 CITY-ST-2P MIAMI FL 36 CITY-ST-2P MIAMI FL 37 Change Addition	12.	OFFICERS A	AND DIRECTORS			ADDITIONS/CHANGES TO OF	
SIRRET ADDRESS CITY-ST-ZPP MIAMI FL D DELETE 21 TILE 22 AAM FLEITAS, BARBARA LIZ 230 SW TAMIAMI CANAL RD. 23 STREET ADDRESS CITY-ST-ZPP MIAMI FL D D DELETE 21 TILE 22 CATY-ST-ZPP MIAMI FL D D DELETE 21 TILE D DELETE 21 TILE D DELETE 21 TILE D DELETE 23 STREET ADDRESS CITY-ST-ZPP MIAMI FL D DELETE 41 TILE D DELETE 41 TILE D AS CITY-ST-ZPP MIAMI FL DELETE 51 TILE D STREET ADDRESS CITY-ST-ZPP MIAMI FL DELETE 51 TILE DELETE 61 TILE DELETE 61 TILE AS CITY-ST-ZPP MIAMI FL DELETE 61 TILE DELETE 61 TILE AS CITY-ST-ZPP MIAMI FL DELETE 61 TILE AS CITY-ST-ZPP MIAMI FL DELETE 61 TILE AS CITY-ST-ZPP GELETAS, DANIEL J. Change Addition		•					Change Kubil on
TITLE D DELETE 21 DIFFE	STREET ADDRESS	230 SW TAMIAMI CANAL F	RD.	1.3 STREET A	DORESS		
NAME FLEITAS, BARBARA LIZ 22 AAME 230 SW TAMIAMI CANAL RD. 23 STREET ADDRESS 200 SW TAMIAMI CANAL RD. 24 COTY-ST-2P MIAMI FL 25 COTY-ST-2P MIAMI FL 25 COTY-ST-2P MIAMI FL 24 COTY-ST-2P MIAMI FL 25 COTY-ST-2P MIAMI FL 25 COTY-ST-2P 25 COTY-ST-2P MIAMI FL 25 COTY-ST-2P			T I DE		- ZIP		Change Addition
CITY-ST-ZIP MIAMI FL D DELETE 21 TILLE 32 FAME STREET ADDRESS 230 SW TAMIAMI CANAL RD. 33 STREET ADDRESS CITY-ST-ZIP MIAMI FL D							
TITLE D OFFICE STATE OFFICE STATE OFFICE STATE OFFICE STATE OFFICE STATE OFFICE OFFICE STATE OFFICE			RD.				
STREET ADDRESS CITY-ST-ZIP MIAMI FL 34 CITY-ST-ZIP TITLE D. DELETE 41 TITLE 42 NAME FLEITAS, DANIEL J. 51 REET ADDRESS CITY-ST-ZIP MIAMI FL 42 NAME 51 REET ADDRESS CITY-ST-ZIP MIAMI FL 52 NAME 52 NAME 52 NAME 52 NAME 52 NAME 53 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 51 TITLE 52 NAME 53 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 51 TITLE 54 CITY-ST-ZIP TITLE DELETE 51 TITLE 62 NAME 53 STREET ADDRESS CITY-ST-ZIP FITTLE 63 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP 55 CITY-ST-ZIP 56 CITY-ST-ZIP 56 CITY-ST-ZIP 57 CITY-ST-ZIP 58 CIT			D8		- ZIF'		Change Adultion
CITY-ST-ZIP MIAMI FL	NAME			3.2 NAME			
TITLE D. DELETE 4.1 TITLE Change Addition NAME FLEITAS, DANIEL J. 4 2 NAME STREET ADDRESS 230 SW TAMIAMI CANAL RD 4.3 STHEET ADDRESS CITY - ST - ZIP MIAMI FL Change Addition NAME 52 NAME STREET ADDRESS CITY - ST - ZIP 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CHIY - ST - ZIP TITLE 5.4 CHIY - ST - ZIP TITLE 5.4 CHIY - ST - ZIP TITLE 6.4 CHIY - ST - ZIP TITLE 6.5 STREET ADDRESS CITY - ST - ZIP 6.4 CHIY - ST - ZIP TITLE 6.4 CHIY - ST - ZIP TITLE 6.5 STREET ADDRESS CITY - ST - ZIP 6.4 CHIY - ST - ZIP TITLE 7.5 STREET ADDRESS CHIY - ST			HU.				
STREET ADDRESS CITY - ST - ZIP TITLE DELETE S + STREET ADDRESS CITY - ST - ZIP STREET ADDRESS CITY - ST - ZIP DELETE S + STREET ADDRESS CITY - ST - ZIP S + CITY - ST - ZIP DELETE S + CITY - ST - ZIP S + CITY - ST - ZIP TITLE DELETE S + CITY - ST - ZIP TITLE S + CITY - ST - ZIP S + CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily form shed and does not qualify for the exemption stated in Section 119 O7(3)(k). Florida Statutes I made under 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 it made under cath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and			DE				Change Add-tion
CITY-ST-ZIP MIAMI FL 44 CITY-ST-ZIP TITLE 51 TITLE 52 AAME STREET ADDRESS 53 STREET ADDRESS 54 CITY-ST-ZIP TITLE 51 TITLE 51 TITLE 61 T	1		DD.		noorae		
TITLE DELETE 5111LE 511LE Change Addition NAME STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 61 TITLE 62 AAME STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling is voluntarily furn shed and does not qualify for the exemption stated in Section 119 O7(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 significance 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 617, Florida Statutes, and			NU .				
STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 61 TITLE Change Addition NAME FREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 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 O7(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 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 617, Florida Statutes, and			DE				Change Addition
CITY-ST-ZIP ITILE DELETE 61 TITLE 62 NAME STREET ADDRESS CITY-ST-ZIP 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 1.19 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 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 617, Florida Statutes, and					nngcec		
NAME STREET ADDRESS CITY-ST-ZIP 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 1.19.07(3)(k). Florida Statutes 1 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 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 617, Florida Statutes, and							
STREET ADDRESS CITY-ST-ZIP 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 1.19.07(3)(k). Florida Statutes 1 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 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 617, Florida Statutes, and			DE				Change Addition
64 CITY-ST-ZIP 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 or supplemental 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 617, Florida Statutes, and	i				DOBESS		
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 it made under eath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and	CITY-ST-ZIP			6 4 CITY - ST	- 7 1P		
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address	14. I do hereb	y certify that the information supplied to that the information included of	hed with this filing is volu on this annual report or s	upplemental annual rej	port is true a	nd accurate and that my signature s	shall have the same legal effect as it
	further cer	try that the mismission resource t					
	further cer made und	er oath, that I am an officer or dire ime appears in Block 12 or Block 1	ector of the corporation or	the receiver or trustee tachment with an address.	empowered ess	to execute this report as required by $6-2/-96$	