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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

	1996	DIVISIO	N OF CORPORATIONS			
Corporal	Lon Name	9208 (0)	)			
TITLE	ES UNLIMITED, INC.			4 124(14) 414 118) A 14(14 14) A 44	ilbi ilbi didii didii didii didii d	ifii Sikii Gigii nagi
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X) SEVILLA AVE TE 308		300 SEVILLA AVE STE 308				
oral ga S	ABLES FL 33134	CORAL GABLES (	FL 33134	Date Incorporated or Qualified	3a. Date of Las	
		U\$		11/08/1989	04/27/1	
łnncipal	Place of Business	2a. Mailing Address	}	4. FEI Number	04/21/	Applied For
Suite. An	ol. #, etc	Suite Ant # et		65-0159298		Not Applicab
	7	Suite, Apt. #, eti	G.	5. Certificate of Status Desired	1 1	75 Additional
City & Sta	ate	City & State		6. Flection Campaign Financing		e Required
	· · · · · · · · · · · · · · · · · · ·	28		Trust Fund Contribution		.00 May Be ded to Fees
άρ	Country 25	Zip	Country	<ol><li>This corporation has liability for</li></ol>	r intangible tax under	
		29 29 29 29 29 29 29 29 29 29 29 29 29 2	[30]	Florida Statutes Yes  10. Name and Address of New I	s No	
		· —— · · · · · · · · · · · · · · · · ·	81 Name	TO. THE STILL AUGIESS OF INGW	Hadistated Agent	
RODRIGUEZ, MARY T. 3495 W. 13TH AVE			82 Street Ar	ddress (P.O. Box Number is Not Accepta	hia\	<del></del>
			<u> </u>	Ediess (F.O. Dox Nomber is Not Accepta	iole)	
HIALE	AH FL 33012		83			
			84 City		85	Zip Code
Pursuan or regist fumiliar y	nt to the provisions of Sections ( tered agent, or both, in the State with, and accept the obligations	507.0502 and 607.1508, Florida St e of Florida. Such change was auth e of, Section 607.0505, Florida Stat	tatutes, the above named corp	poration submits this statement for the pu oard of directors. I hereby accept the app		•
	Squatore, lyped to produce made of regis	of essential control of the	tatutes, the above named corp	ulted when revisitating!	Urpose of changing it pointment as register	s registered offi ed agent. I am
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ils a final report of supplier fertial arrival report is true and accurate and that my signature shall have the same legal effect as if made unde e corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name ed, or on an attachment with an address.

SIGNATURE:

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13-5-96 147-1107
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