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

PROFIT

CORPORATION

ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

OCUMENT # Corporation Name  TRADITIONAL HEIRLO	L53492	(9)							
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	JUNIO, INIU.								
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ncips' Place of Business		inc. Address							
5200 BLUE LAGOON DR	र <b>ा</b> चन	Mailing Address  5200 BLUE LAGOON DR							
SUITE 600		SUITE 600							
MIAMI FL 33126 US		MIAMI FL 33126 US				3. Date Incorporated or Qualified	3a. Da	le of Last R	Report
Principal Place of Business		Mailing Address				02/28/1990	<u> </u>	01/17/1	
The state of the s	26	Maing Modress				4. FEI Number 65-0175418		<del>}+</del>	Applied For Not Applicab
Seite Apt. #, etc	<b>⊢</b> -₁	Suite, Apt #, etc.				5. Certificate of Status Desired			Additional
Oily & State	[27]	Orly & State						<del></del>	Required
· · · · · · · · · · · · · · · · · · ·	28	on, contracto				Election Campaign Financing     Trust Fund Contribution			O May Be d to Fees
Ziji Countr	·	P <sub>I</sub> pi	F 1	intry		8. This corporation has liability for			
	29   ess of Current Registe	red Agent	30	T		Florida Statutes  10. Name and Address of New I		Agent	
			<del></del>	81	Name		109101010	Agont	
LEDER, NATHAN I.				82	Street Add	ross (P.O. Box Number is Not Accepta	yle)		
5200 BLUE LAGOON DR. SUITE 600				83					
MIAMI FL 33126									
				84	,	ration submits this statement for the purific of directors. I hereby accept the app	FI		p Code
	of registered agent and this mapp OF FICERS AND DIRECTO	ORS	13.		it signaturo recepira	st when reinstating! ADDITIONS/CHANGES TO OFF	DATE ICERS AN	D DIRECTO	PRS IN 12
LEDER, NATHA	NI.	☐ DELETE	1. 1 1 1.2 NJ					Change	Addition
STAPORESS 5200 BLUE LAC	GOON DR, #600				ADDRESS				
-si-zip <b>Miami FL</b>	·	-		TY-S	F-ZIP				
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ET ADDRESS - ST-Zif			63SI 64CII		ADDRESS				

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SH

HING OFFICER OR DIRECTOR

1/17/96 305-267-4200