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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUN 1. Corporation	MENT # L7709	98 (6)		
,	ARE DEVELOPMENT COM	IPANY		t de lugu der seen een een een een een een een een ee
Principal Place of Business		Mailing Address		r ramirati mic idoni noni nonic stidi fori diati bibli bibli dibli fibil
8280 SW 103 MIAMI FL 331 US		8280 SW 103 ST. Miami Fl 33156 US		
		00		3. Date incorporated or Qualified 3a. Date of Last Report 05/29/1990 02/21/1995
2. Principal Pla	ice of Business	28. Mailing Address		4. FEI Number Applied For
21 Suite, Apt. #	t, etc.	Suite, Apt. #, etc.		5-0216219 Not Applicable 5. Certificate of Status Desired Status Presired Presi
22		27		Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
$Z_{\rm IP}$	Country	Zip	Country	8. This corporation has liability for intangible tax under s 199.032,
24	9. Name and Address of Curr	29 29 29 29 29 29 29 29 29 29 29 29 29 2	[30]	Florida Statutes Yes No 10. Name and Address of New Registered Agent
			81 Name	
	TT, JACK, JR.		82 Street Add	dress (P.O. Box Number is Not Acceptable)
8280 SW MIAMI FL	/ 103 STREET		83	
MIAMI FL	L 33 130		84 City	1-12
			1 1	FL 85 Zip Code
SIGNATURE _	ed agent, or both, in the State of Fk h, and accept the obligations of, Se Summer typed or printed numer of registeric ap	ection 607.0505, Florida Statute	zed by the corporation's boals.	oration submits this statement for the purpose of changing its registered office and of directors. I hereby accept the appointment as registered agent. I am
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TIFLE	DPT	☐ DÉLETE	1 1 THLE	☐ Change ☐ Addition
NAME STREFT ADDRESS	PLUNKETT, JACK, JR. 3596 MAIN HIGHWAY		1.2 NAME 1.3 STREET ADDRESS	
C-Ty-S1-70	MIAMI FL		1.4 C(TY-ST-Z)P	
T-TLF	\$	DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	PLUNKETT, JACK, JR. 3596 MAIN HIGHWAY		2.2 NAME 2.3 STREET ADDRESS	
CHY S1-ZIP	MIAMI FL		2 4 CITY - ST - ZIP	
TITLE		☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME STHEET ADDRESS			3.2 NAME	
CITY - ST - Zif			3.3 SIREET ADDRESS	
TIFLE		DELFTE	4.1 TITLE	☐ Change ☐ Addition
NAMI STUDIO AND RESECT			4.2 NAMÉ	
STHEFT ADDRESS CITY: S1-ZIP			4.3 STREET ADDRESS	
THILE		DELETE	4.4 CITY-ST-ZIP 5 1 TITLE	Change Addition
NAME			5 2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
OFFY ST ZIP		☐ DELETE	5 4 CITY-ST-ZIP 6 1 TITLE	Change Addition
NAME			6.2 NAME	Crisings Addition
STRUE: AUDRESS			6 3 STREET ADDRESS	
CITY - S1 - ZI-1			6.4 CITY - ST - ZIP	
certify that i eath; that I	the information indicated on this ar	nnual report or supplemental and poration or the receiver or truste	nual report is true and accura se empowered to execute thi	for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further ate and that my signature shall have the same legal effect as if made under his report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

CALL CHARLES OF GRAND PRESIDENT

118196 (305) 273.9059

CR2E034 (12/95)