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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

M44030

(8)

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•	TR	AZA	K.	INC.

DOCUMENT #

Principal Place of Business

Mailing Address

138 VENETIAN DR. ISLAMORADA FL 33036-4208 8701 SW 128 STREET MIAMI FL 33176 US



08	05 05			3. Date Incorporated or Qualified 3a. Date of Last Report						
					12/30/1986	05/01/1995				
2. Principal Place of Business		├ ──	2a. Mailing Address			4. FEI Number		Applied For		
21		26				59-2772911	59-2772911 Not Appl			
Suite, Apt. #, etc.)——,	Suite, Apt. #, etc.			5. Certificate of Status Desired	5. Certificate of Status Desired \$8.75 Additional			
	[22]		27					Fee	Required	
City & State	e	F-~	City & State			6. Election Campaign Financing \$5.00 May Be				
23	*			T 0		Trust Fund Contribution			ed to Fees	
Zip	Country	Zip	├ ──	Country		8. This corporation has liability for intangible tax under s 199.032,				
24 25 29 30 9. Name and Address of Current Registered Agent			[30]			Florida Statutes Yes No 10. Name and Address of New Registered Agent				
	S, Italie and Addios of Out	rent riegistered Agent		81	Name					
1/1 550 150				The first of the f						
KUTNER, GLENN				82	Street	Address (P.O. Box Number is Not Acceptable)				
	8701 SW 128TH STREET			83						
MIAMI (FL 33176			63						
				84	City			85 Z	Zip Code	
11 Purpupat	to the provisions of Sections 507.05	00 and 607 1500. Florid					<u> </u>	<u> </u>		
or register	red agent, or both, in the State of Fk	orida. Such change was :	authorized by th	e corb	named or oration's	orporation submits this statement for the purp board of directors. Thereby accept the appo	ose of char intment as r	iging its eqistere	registered office ad agent. Lam	
familiar wi	ith, and accept the obligations of, Se	ection 607,0505, Florida l	Statutes.			, ,				
SIGNATURE .	Signature, typed or printed name of registered ag									
12.		AND DIRECTORS	(NOTE Ragiste		t signature i	OATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE				1 TITLE		Change Addition				
NAME				1.2 NAME			Onlingo			
STREET ADDRESS				1.3 STREET ADDRESS						
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NAME:		<u></u>		2 NAME			944	O"		
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I do nereby 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 (305)232-925