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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMI NT OF STATE
Sandra B Mohham
Secretary of State

1996 DOCUMENT # N94	000003957 (7	F CORPORATIONS		
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rincipal Place of Business	AA-Ta- Aada			
	Mailing Address			err marrer marite marind bleift carde Wille iffill if
12683 S. DIXIE HWY. Miami Fl. 33156	12683 S. DIXIE HWY. Miami Fl 33156			
			3. Date Incorporated or Qualified 08/11/1994	3a. Date of Last Report 05/17/1995
Principal Place of Business	2a. Mailing Address 26			-0666 907 Applied Fo
Suite, Apt. #, etc.	Suite, Apt. #, etc.		AFFLIED FOR	Not Applica
	27		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip Country	Ζφ	Country	This corporation has liability for	Added to Fees
25	29	30	Florida Statutes	Yes 🚺 No
9. Name and Address of C	Jurrent Registered Agent	81 Name	10. Name and Address of New I	Registered Agent
145 ALMERIA AVE. CORAL GABLES FL 33134		82 Street 83 84 City	Address (P.O. Box Number is Not Accepta	95 Zin Code
Pursuant to the provisions of Sections 617 by registered agent, or both, in the State of	1000			
, and a series of the series o			orporation submits this statement for the puboard of directors. I hereby accept the app	xointment as registered agent. I ar
Signature, typed or printed name of registers OFFICER	, Section 617.0503, Florida Statutes ad upent and site 1 applicable (NO IS AND DIRECTORS	OTE: Registered Agent signature r	board or directors. I nereby accept the app	Ontment as registered agent. Far Date FICERS AND DIRECTORS IN 12
SIGNATURE Signature, typed or printed name of registers OFFICER	, Section 617.0503, Florida Statutes ad agent and bit a 4 applicable (NO	DIE: Registered Agent signature i	board or directors. I nereby accept the app	DATE
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 (805) 239-7737