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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

MENT # 129600002789

IFE ILE, JNC

FILED
Jun 30 1997 8:00am
Secretary of State

Principal Plac	e of Business	Mailing Address	145		
141 W. 6 5 5 141 W. 6 5 5 HINCONN, Fr. 33010 HINCONN, Fr. 33010					
HI	CON Fr. 33010	· HIALEN	911, Fr. 33010		
				3. Date Incorporated or Qualified 05/20/96	3a, Date of Last Report
-, `	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		APPLIED FOR 65-07	
Suite, Apt.	#, BIC.	Suite, Apt. #, etc).	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & St.		6. Election Campaign Financing	\$5,00 May Be
23]_		28	17	Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8. This corporation has liability for in	_ • • • • • • • • • • • • • • • • • • •
24	25	29	30		Yes No
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Reg	gistered Agent
F.	NER, TORRES		81 Name		
14	NER, TORRES 1 W. 64 ST		82 Street Add	ress (P.O. Box Number is Not Acceptab	le)
	, w. 6	.	83		
<i>\</i>	INCORN, Fr. 33	3010			
Ni .			84 City		85 Zip Code
SIGNATUR	Signature of printed name of registered a		(NOTE Registered Agent s grature requ		6 8 97
12.	OFFICERS A	ND DIRECTORS	13.	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	
	PROSIDENT OFFICERS A	ND DIRECTORS DILET	13. E 11 TITLE		ERS AND DIRECTORS IN 12 Change Addition
12.	PROJUCT F NOT, TORRES	ND DIRECTORS DILET	13.		
12. TITLE D	PROJUCT F NOT, TORRES	ND DIRECTORS DILET	13. E 11 TITLE 12 NAME		
12. TITLE D HAME STREET ADDRESS	PROSIDENT F. NER! TORRES 141W. 64 ST	ND DIRECTORS TO DILETI	13. E 11 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP		
12. TITLE D NAME STREET ADDRESS CITY-ST-ZIP	PROSIDENT F. NEW, TORRES 14, W. 6 4 57 4,0000 F. Truster Nanca & Diag.	ND DIRECTORS DELETI 3 30/0	13. E 11 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP		Change Addition
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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if spanged, or on an attachment with an address.

SIGNATURE:

STUNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 8 97 (305) 863-2151