SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996	

DOCUMENT #

P9400000310 (0)

L. DAMIAN AND ASSOCIATES, INC.

Principal Place of Business Mailing Address 5805 S.W. 113TH STREET MIAMI FL 33156 5805 S.W. 113TH STREET MIAMI FL 33156

INTERNATION	<b>Ba</b> hii <b>Ba</b> iii	<b>BRABE NOB</b> L	

							3. Date Incorporated or Qualified 01/03/1994		07/1	ast Repoi <b>995</b>	
2. Principal Pla	ice of Business	2a. Mai	ling Address		_		4. FEI Number			Applie	d For
21		26					65-0456530			Not Ap	pp'icable
Suite, Apt. #	, etc		te, Apt. #, etc.				5. Certificate of Status Desired			<b>75</b> Addi	
22		27					5. Certindate of Status Desired	<u> </u>	Fe	e Requi	ed
City & State		City	& State				6. Election Campaign Financing		\$5	. <b>00</b> Ma	у Ве
23		28					Trust Fund Contribution			ided to Fe	
Zip	Country	Zıp		Coun	try		8. This corporation has liability for	intangible	tax und	lers 193	9 032
24	25	29		30			Florida Statutes	Yes	No		
	9. Name and Address of Curr	ent Registered	Agent				10. Name and Address of New Re	gistered A	gent		
SCI	HMACHTENBERG, LEE C			18	<b>B1</b>   Na	me					
	3 SUNSET DRIVE			8	82 Str	eel Addre	ess (PO. Box Number is Not Acceptate	ole)			
	E. 201			[							
	MI FL 33143			8	83						
MIC	WII FE 33143			},	04 0				85	Zip Cod	
					B4 Cit	y		FL	03	2 ip 000	ic
SIGNATURE	n familiar with, and accept the oblinging the properties of the pr	agert and thin flappi	icable (N)	Ti Registered		nature require	ed when renstating)	DAIL.			
12.		AND DIRECTO		13.		r	ADDITIONS/CHANGES TO OFFI	CERS AND			V 12 T Addit or
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	CORRADINI. LEO										
NAME				1.2 NAA	-						
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STREET ADDRESS DITY-ST-ZIP	5805 SOUTHWEST 113TH MIAMI FL 33156	STREET		1.3 STR	REET ADOR			·-·	- Γ <sub>n</sub>	2005	Addition
STREET ADDRESS	5805 SOUTHWEST 113TH MIAMI FL 33156 S	STREET	DELETE	1.3 STR 14 C·T' 2.1 TiTl	REET ADOF Y - ST - ZIP LF			·	Cn	ange	Addition
STREET ADDRESS DITY-ST-ZIP	5805 SOUTHWEST 113TH MIAMI FL 33156 S CORRADINI, CAROL A	STREET	DELETE	1 3 STR 14 C·T' 2 1 TITL 2 2 NAM	REET ADOF Y - ST - ZIP UF ME				Cn	ange	Addition
STREET ADDRESS CITY-ST-ZIP TITLE	5805 SOUTHWEST 113TH MIAMI FL 33156 S CORRADINI, CAROL A 5805 SW 113TH ST	STREET	DELETE	1 3 STR 1 4 C-T 2 1 TITU 2 2 NAN 2 3 STR	REET ADOR V - ST - ZIP LE ME REET AOOR	RESS		Ţ	Cn	ange	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	5805 SOUTHWEST 113TH MIAMI FL 33156 S CORRADINI, CAROL A	STREET		1 3 STR 1 4 C-T 2 1 TITL 2 2 NAN 2 3 STR 2 4 CIT	REET ADOR Y - ST-ZIP LE ME REET AOOR	RESS					
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Four nereby certify that the importantion supplied with this tiling is voluntarily turnished and does not quality 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 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if thanoad or or an attachment with an address.

SIGNATURE: \_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/96 666-9217