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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

1996

SIGNATURE:

Secretary of State
DIVISION OF CORPORATIONS

TOBIAS AND PARTNERS RUSS total Place of Business N.E. 71ST ST. All FL 33138	Mailing A	ENTURES, INC. Mailing Address 787 N.E. 71ST ST. MIAMI FL 33138						
					3. Date Incorporated or Qualified 03/15/1994	alified 3a. Date of Last Report 01/18/1995		
ropal Place of Business	2a. Mailir 26	ng Address			4. FEI Number 65-0474031	<u> </u>	ŤП	Applied For Not Applicab
te. Apt. #, etc.	Suite	Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional
& State	F=1 '	& State			6. Election Campaign Financing			Required May Be
Country	26		Country		Trust Fund Contribution 8. This corporation has liability for	r intangible ta	Adde	d to Fees
25 9. Name and Address of Cui	29 rrent Registered				Florida Statutes Yes No 10. Name and Address of New Registered Agent			
OBIAS, ANDREW 87 NE 71 ST IIAMI FL 33138				Name Street Addr	eet Address (P.O. Box Number is Not Acceptable)			
rsuant to the provisions of Sections 607.0 registered agent, or both, in the State of Finitiar with, and accept the obligations of, S	, CUCU. 100 10011006	riorida Statutes	S.	iamed corpor oration's boar		v-·	inging its r registered	egistered offi lagent. I am
D TOBIAS, ANDREW	, CUCU. 100 10011006	NO	DIE: Rogisterod Agent 13. 1. 1 TITLE 1.2 NAME	named corpor pration's boar I sgrature require		urpose of cha pointment as DATE FICERS AND		RS IN 12
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URF Signation, by a disciplation ratio of registric factor of the second of registric factor of the second of registric factor of the second o	agent and the displaceable	: (NC	13. 1.1 JULE 1.2 NAME 1.3 STREEL/ 1.4 CITY-ST 2.1 THE 2.2 NAME 2.3 STREEL/ 2.3 STREEL/	ADDRESS ADDRESS	d when reinstating)	urpose of cha pointment as DATE FICERS AND	DIRECTO	RS IN 12
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COPE Separate by the designation of registre to TOBIAS, ANDREW 787 N.E. 71ST ST. MIAMI FL 33138	agent and the displaceable	DELETE	13. 1.1 IIILE 1.2 NAME 1.3 STREEL / 1.4 CITY - ST 2.1 TILE 2.2 NAME 2.3 STREET / 2.4 CITY - ST 3.1 TITLE 3.2 NAME 3.3 STREET / 4.1 TITLE 4.2 NAME	ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP	d when reinstating)	Urpose of charpointment as	DIRECTO Change Change Change	RS IN 12 Addition Addition

305-75/-7885** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR