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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000021266 (8)

| DEAN | GAVEAU | AND | ASSOCIATES INC | <b>`</b> . |
|------|--------|-----|----------------|------------|
|      | UntLau |     | MOOCOINIEG IN  | ,,         |

| 02111                      | 0.110.10                    |                                  |                 |  |   |        |                          |                                  |   |                     |                               |                  |                               |  |  |
|----------------------------|-----------------------------|----------------------------------|-----------------|--|---|--------|--------------------------|----------------------------------|---|---------------------|-------------------------------|------------------|-------------------------------|--|--|
| Principal Place            | of Business                 |                                  | Ma              | ailing Address   |   |        |                          |                                  |   | II <b>70</b> (1) 0  | 18118 1/881 11811             | 1 10868          | #111# #111 1##1               |  |  |
| 12757 SW 14<br>MIAMI FL 33 |                             |                                  |                 | 12757 SW 146TH LANE<br>MIAMI FL 33186-6356                                     | 3. Date Incorporated or Qualified 3a. Date of Last Report 33/14/1995  3. Date Incorporated or Qualified 3a. Date of Last Report 33/14/1995  4. FEI Number 65 - 05 6 - 35 79 |        |                          |                                  |   |                     |                               |                  |                               |  |  |
|                            |                             |                                  |                 |  |   |        |                          |                                  | •   | За.                 | Date of Las                   | il Rec           | oort                          |  |  |
| 2. Principal Pla           | Principal Place of Business |                                  |                 | 2a. Mailing Address  |   |        |                          |                                  | 4. FEI Number   | I                   | Applied For                   |                  |                               |  |  |
| 21                         | `                           |                                  | 26              |  |   |        |                          | 65-056-301                       | 7   |                     |                               |                  |                               |  |  |
| Suite, Apt. #              | Suite, Apt. #, etc.         |                                  | 27              | Suite, Apt. #, etc.  |   |        |                          | 5. Certificate of Status Desired | ×   | 7                   | ·                             |                  |                               |  |  |
| City & State               | City & State                |                                  |                 | City & State   |   |        |                          |                                  | ø   |                     |                               |                  |                               |  |  |
| Zip<br>24                  |                             | Country<br>25                    | 29              | Zip  |   | intry  |                          |                                  | Florida Statutes 💹 Yes  | 1                   | <b>N</b> O                    |                  | 199.032,                      |  |  |
|                            | 9. Name                     | and Address of Cur               | rent Regis      | tered Agent  |   | ļ,     |                          |                                  | 10. Name and Address of New   | Registe             | ered Agent                    |                  |                               |  |  |
|                            |                             |                                  |                 |  |   | 81     | Name                     |                                  |   |                     |                               |                  |                               |  |  |
|                            | u, dean<br>Sw 146th         | I ANF                            |                 |  |   | 82     | Street A                 | Address                          | (P.O. Box Number is Not Accepta   | ble)                |                               |                  |                               |  |  |
|                            | FL 33186-6                  |                                  |                 |  |   | 83     |                          |                                  |   |                     |                               |                  |                               |  |  |
| THE WHITE                  | L 00100 0                   | ~~                               |                 |  |   | 94     | City                     |                                  |   |                     | les l                         | 7in              | Code                          |  |  |
|                            |                             |                                  |                 |  |   |        | ,                        |                                  |   |                     | <b>FL</b>                     |                  |                               |  |  |
| or register                | red agent, or               | both, in the State of Fl         | lorida. Suct    | 07.1508, Florida Statute<br>Ii change was authorize<br>.0505, Florida Statutes | ed by the   | corpi  | named cor<br>oration's t | rporation<br>board o             | on submits this statement for the purification of directors. Thereby accept the app | irpose i<br>xointme | of changing<br>ent as registe | its re<br>ared a | gistered offic<br>agent. I am |  |  |
| SIGNATURE _                | Signature, typod            | or printed name of registered as | gent and tribil | applicable (NO   | TE: Registero   | d Agen | it signature re          | equired wh                       | ec reinstating)   | D                   | ATE                           |                  |                               |  |  |
| 12.                        |                             | OFFICERS .                       | AND DIREC       |  | 13.   |        |                          |                                  |   | FICERS              |                               |                  |                               |  |  |
| TITLE                      |                             |                                  |                 | ☐ DELEJE   | 1.1   | TITLE  |                          | P/1                              | IS/D  |                     | [_] Cha                       | ige              | Addition                      |  |  |
| NAME                       |                             |                                  |                 |  |   |        | 1                        | DE                               | AN GAVEAU   |                     |                               |                  |                               |  |  |
| STREET ADDRESS             |                             |                                  |                 |  |   |        |                          |                                  |   | ~6                  |                               |                  |                               |  |  |
| CITY-S1-ZIP                |                             |                                  |                 | FT DE ELE  |   |        | ST - ZIP                 | 71                               | ami, F1 33186-63  | > 6                 | Char                          | 000              | FT1 Addition                  |  |  |
| TITLE                      |                             |                                  |                 | ["] DECEIE   |   |        |                          |                                  |   |                     | L. Cital                      | ıy€              | Addition                      |  |  |
| NAME                       |                             |                                  |                 |  |   |        |                          |                                  |   |                     |                               |                  |                               |  |  |
| STREET ADDRESS             |                             |                                  |                 |  |   |        |                          |                                  |   |                     |                               |                  |                               |  |  |
| CITY-ST-ZIP                | <del> </del>                |                                  |                 | □ DELETE   |   |        | 81 - ZIb                 |                                  |   |                     | [ ] Chai                      | nne              | ☐ Addition                    |  |  |
| TITLE                      | 1                           |                                  |                 | L) better  |   |        |                          |                                  |   |                     |                               | ·9°              |                               |  |  |
| NAME                       |                             |                                  |                 |  |   |        | * ADDRESS                |                                  |   |                     |                               |                  |                               |  |  |
| STREET ADDRESS             |                             |                                  |                 |  |   |        |                          |                                  |   |                     |                               |                  |                               |  |  |
| CITY-ST-ZIP<br>TITLE       | <del> </del>                |                                  |                 | DELETE   |   |        | 01-2IF                   |                                  |   |                     | Cha                           | nge              | Addition                      |  |  |
| NAME                       |                             |                                  |                 | ₩ 2222   |   |        | ļ                        |                                  |   |                     | _                             | -                |                               |  |  |
| STREET ADDRESS             |                             |                                  |                 |  |   |        | F ADDRESS                |                                  |   |                     |                               |                  |                               |  |  |
| CITY-ST-ZIP                |                             |                                  |                 |  |   |        | ST-ZIP                   |                                  |   | +                   |                               |                  |                               |  |  |
| TITLE                      | +                           |                                  |                 | DELETE   |   | TITLE  |                          |                                  |   |                     | Cha                           | nge              | Addition                      |  |  |
| NAME                       |                             |                                  |                 |  |   | NAME   |                          |                                  |   |                     |                               |                  |                               |  |  |
| STREET ADDRESS             |                             |                                  |                 |  |   |        | ADDRESS                  |                                  |   |                     |                               |                  |                               |  |  |
| CHY-SY-ZIP                 |                             |                                  |                 |  | 1   |        | S1 - ZIP                 |                                  |   |                     |                               |                  |                               |  |  |
| TITLE                      | <del> </del>                |                                  |                 | DELETE   |   | TITLE  |                          |                                  |   |                     | Cha                           | nge              | Addition                      |  |  |
| NAME                       |                             |                                  |                 |  |   | MAME   |                          |                                  |   |                     |                               |                  |                               |  |  |
| STREET ADDRESS             |                             |                                  |                 |  |   |        | T ADDRESS                |                                  |   |                     |                               |                  |                               |  |  |
| CITY-ST-ZIP                |                             |                                  |                 |  |   |        | ST-ZIP                   |                                  |   |                     |                               |                  |                               |  |  |
| OH I TO I TAIF             | 1                           |                                  |                 |  |   |        |                          |                                  |   |                     |                               |                  |                               |  |  |

14. I do hereby 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:

AND TYPED OR THATED NAME OF SIGNING OFFICER OR DIRECTOR

1-800-410-4496

Daytime Phone #