## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Metham Secretage of State DIVISION OF CORPORATIONS

1996

DOCUMENT # P9500033732 (5)

<ol> <li>1. Corporation</li> </ol>	on Name			<b>3</b> "	•								
CONE	ssa man	AGEMENT, INC.											
Principal Place of Business Mailing Address													
15720 SW 7	2 ST		157	15720 SW 72 ST									
SUITE A-11 MIAMI FL 33193				SUITE A-11									
, MICHITE SA	3193		MIA	MI FL 33193					3. Date Incorporated or Qua	dified 3a	. Date of	Last F	Report
									05/01/1995	}			10,011
2. Principal F	lace of Busin	iess		2a. Mailing Address					4. FEI Number	2001			Applied For
21 Suite, Apt.	#. etc.		26	Suite, Apt. #, etc.					65-0583	2471			Not Applicable
22	.,		27	<u> </u>				i	5. Certificate of Status Desir	ed 🗀	\$		5 Additional Required
City & State			C	City & State					6. Election Campaign Finance	zing _			May Be
23		1	28		<del></del>				Trust Fund Contribution			Adde	d to Fees
Zip <b>24</b>	p Country 25		29 29		Country 30			8. This corporation has liabil Florida Statutes			nder s	199.032,	
	g. Name	and Address of Curr		ed Agent	[30]				10. Name and Address of I	] Yes [] ! New Regist		ent	~
					·	81	Name						
	PAREJA, S	ABRINA					Street	Address	(P.O. Box Number is Not Ac	ceptable)			
	W 154 PL FL 33196												
MINIMIT	L 33180					83							
_						84	City				E 8	5 Z <sub>1</sub>	p Code
11. Pursuant	to the provisi	ions of Sections 607.05	02 and 607.1	508, Florida Statut	t <b>es</b> , the abo	l ve-n	amed co	orporatio	on submits this statement for t	ne puroose	of changin	no its i	registered office
o registe familiar w	red agent, or ith, and acce	both, in the State of Fig pt the obligations of, Se	orida. Such ch action 607.050	nange was authoriz 95, Florida Statute:	<b>zed</b> by the c s.	огра	oration's	s board o	of directors. I hereby accept the	e appointme	int as regi	istered	agent. I am
SIGNATURE	<u></u>		** *** *										
12.	Signature, typed	or printed name of registered age OFFICERS A	ent and little if appli IND DIRECTO		TE Registered	Agent	skyvat.re r	required wh			ATE		
TITLE		0.110011071		DELETE	1.171	TL <del>E</del>		Pre	ADDITIONS/CHANGES TO	OFFICERS	AND DIE		ORS IN 12 Addition
NAME	1				1.2 NA	ME		850	eban poreja			ia igo	Cel viacinon
STREET ADDRESS					1351	HEET A	ADDRESS :	975	bew 154 PLACE	?			
CITY-ST-ZIF					1.4 0 П		- ZIP	141	Aui, PL 331	46			
NAME				☐ DELETE	2 1 10				e-pressedent	0		nange	Addition
STREET ADDRESS					2 2 NA		ADDRESS		Beiva · Beizum - 16 sw 154 Plac		•		
CITY-ST-ZIP					2.4 CIT				141, FL 331				
TITLE	1		haber	DELETE	3. 1 Ti			1-7-7-1	1.001, 41	70	Cł	hange	[] Addition
NAME	ł				3.2 NA	ME	7 .						
STREET ADDRESS					3.3, \$1	HEET	ADDRESS						
CHY-ST-ZIP TITLE		····		DELETE	3.4 CIT		- 71 <sup>p</sup>	ļ					
NAME				L Detter	4. 1 Til 4.2 NAI						Ct	iange	☐ Addition
STREET ADDRESS							ADDRESS		ፈሮጠጠር ነ	o-o-a	<u>^</u> 1 _	ď	*
CITY - S1 - 7IP				4.4 C(1) - S) - Z(P				400001 -05/22/96	ภากวา-	n3g	+		
TITLE				[] DELETE	5. 1 TiT			<u> </u>	***200.00	<u>4</u>	C		Addition
NAME	ļ				5.2 NA	ИE							
STREET ADDRESS							ADDRESS						
CHY-ST-ZIP TITLE	f			DELETE	5.4 CIT 6.1 TIT		· ZIP	ļ			☐ Ch		Addition
NAME				Name 1	62 144					11	니	wigt	L) MODITION

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 cath; 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:

6.2 NAME

63 STREET ADDRESS

6.4 CiTY - ST - ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

5-10-96

CR2E034 (12/95)