

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUN 1995 10:11

**DOCUMENT # S82449 (7)**

1. Corporation Name  
**SECTECH, INC.**

Principal Place of Business  
**4699 N. FEDERAL HWY., #103-B  
POMPANO BEACH FL 33064**

Mailing Address  
**4699 N. FEDERAL HWY., #103-B  
POMPANO BEACH FL 33064**

DO NOT WRITE IN THIS SPACE

|   |         |                     |         |  |                                |
|---|---------|---------------------|---------|--|--------------------------------|
| 2. Principal Place of Business                  |         | 2a. Mailing Address |         | 3. Date Incorporated or Qualified                      | 3a. Date of Last Report        |
| 21  |         | 26                  |         | 09/24/1991   | 06/23/1994                     |
| Suite, Apt. #, etc                              |         | Suite, Apt. #, etc  |         | 4. FBI Number  | Applied For                    |
| 22  |         | 27                  |         | 59-3095410   | Net Applicable                 |
| City & State                                    |         | City & State        |         | 5. Certificate of Status Desired                       | \$8.75 Additional Fee Required |
| 23  |         | 28                  |         | <input type="checkbox"/>                               |                                |
| Zip   | Country | Zip                 | Country | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees    |
| 24  | 25      | 29                  | 30      | <input type="checkbox"/>                               |                                |
| 9. Name and Address of Current Registered Agent |         |                     |         | 10. Name and Address of New Registered Agent           |                                |

**AURILIO, ALDO**  
**4699 N. FEDERAL HWY., #103-B**  
**POMPANO BEACH FL 33064**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**Ste. 105C**  
83  
84 City  
**FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-registering)

| 12. OFFICERS AND DIRECTORS |                                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--------------------------------------|---|---|
| TITLE                      | <b>PVD</b>                           | 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>FRUIN, JAMES</b>                  | 12 NAME   |   |
| STREET ADDRESS             | <b>5440 N. CUMBERLAND AVE., #138</b> | 13 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            | <b>CHICAGO IL 60656</b>              | 14 CITY - ST - ZIP                                    |   |
| TITLE                      |                                      | 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | 22 NAME   |   |
| STREET ADDRESS             |                                      | 23 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            |                                      | 24 CITY - ST - ZIP                                    |   |
| TITLE                      |                                      | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | 32 NAME   |   |
| STREET ADDRESS             |                                      | 33 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            |                                      | 34 CITY - ST - ZIP                                    |   |
| TITLE                      |                                      | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | 42 NAME   |   |
| STREET ADDRESS             |                                      | 43 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            |                                      | 44 CITY - ST - ZIP                                    |   |
| TITLE                      |                                      | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | 52 NAME   |   |
| STREET ADDRESS             |                                      | 53 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            |                                      | 54 CITY - ST - ZIP                                    |   |
| TITLE                      |                                      | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | 62 NAME   |   |
| STREET ADDRESS             |                                      | 63 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            |                                      | 64 CITY - ST - ZIP                                    |   |

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 110.07(3)(b), 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: James E. Fruin James E. Fruin 6/16/95 312 714 9090  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Office #

CR2E034 (3/95)

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
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**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
ST. WASHINGTON CITY

**DOCUMENT # S82932 (2)**

1. Corporation Name  
**FLORIDA BUILDING INSPECTIONS, INC.**

Principal Place of Business Mailing Address  
**2029 TYLER ST HOLLYWOOD FL 33020**

DO NOT WRITE IN THIS SPACE.

|   |                |                               |                |   |                         |
|---|----------------|-------------------------------|----------------|---|-------------------------|
| 2. Principal Place of Business  |                | 2a. Mailing Address           |                | 3. Date Incorporated or Qualified   | 3a. Date of Last Report |
| 21 2450 HOLLYWOOD BLVD  |                | 26 2450 HOLLYWOOD BLVD        |                | 09/26/1991  | 06/14/1994              |
| 22 Suite, Apt. #, etc. 204  |                | 27 Suite, Apt. #, etc. 204    |                | 4. FEI Number   | Applied For             |
| 23 City & State HOLLYWOOD, FL   |                | 28 City & State HOLLYWOOD, FL |                | 59-3088108  | Not Applicable          |
| 24 Zip 33020  | 25 Country USA | 29 Zip 33020                  | 30 Country USA | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                    |                         |
|   |                |                               |                | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |                         |
| a. This corporation has liability for title public tax under s. 189.052, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                |                               |                |   |                         |

|   |  |  |  |   |                     |    |                   |
|---|--|--|--|---|---------------------|----|-------------------|
| 9. Name and Address of Current Registered Agent         |  |  |  | 10. Name and Address of New Registered Agent          |                     |    |                   |
| BERCOVICZ, BENNY<br>2029 TYLER ST<br>HOLLYWOOD FL 33020 |  |  |  | 81 Name   | BERCOVICZ, BENNY    |    |                   |
|   |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) | 2450 HOLLYWOOD BLVD |    |                   |
|   |  |  |  | 83  | SUITE 204           |    |                   |
|   |  |  |  | 84 City   | HOLLYWOOD           | FL | 85 Zip Code 33020 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                  | 13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|------------------|---|--|
| TITLE                      | PVS              | 1.1 TITLE   | PVS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BERCOVICZ, BENNY | 1.2 NAME  | BERCOVICZ, BENNY   |
| STREET ADDRESS             | 2029 TYLER ST    | 1.3 STREET ADDRESS                                    | 2450 HOLLYWOOD BLVD SUITE 204  |
| CITY - ST - ZIP            | HOLLYWOOD FL     | 1.4 CITY - ST - ZIP                                   | HOLLYWOOD, FL 33020  |
| TITLE                      | TD               | 2.1 TITLE   | TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | BERCOVICZ, BENNY | 2.2 NAME  | BERCOVICZ, BENNY   |
| STREET ADDRESS             | 2029 TYLER ST    | 2.3 STREET ADDRESS                                    | 2450 HOLLYWOOD BLVD SUITE 204  |
| CITY - ST - ZIP            | HOLLYWOOD FL     | 2.4 CITY - ST - ZIP                                   | HOLLYWOOD, FL 33020  |
| TITLE                      |                  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME                       |                  | 3.2 NAME  |  |
| STREET ADDRESS             |                  | 3.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                  | 3.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME                       |                  | 4.2 NAME  |  |
| STREET ADDRESS             |                  | 4.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                  | 4.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME                       |                  | 5.2 NAME  |  |
| STREET ADDRESS             |                  | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                  | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME                       |                  | 6.2 NAME  |  |
| STREET ADDRESS             |                  | 6.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                  | 6.4 CITY - ST - ZIP                                   |  |

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 110.07(3)(b), 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: \_\_\_\_\_ DATE: 6-15-95 DAYTIME PHONE: 305 922 3461

CR2E034 (3/95)

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**PROFIT CORPORATION ANNUAL REPORT 1995**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06/10/95

**DOCUMENT # S82941 (3)**

1. Corporation Name  
**BALLS OF FIRE PARADISE, INC.**

Principal Place of Business: 4200 N.W. 2ND AVENUE MIAMI FL 33127  
Mailing Address: 4200 N.W. 2ND AVENUE MIAMI FL 33127

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified: 09/26/1991  
3a. Date of Last Report: 12/05/1994

2. Principal Place of Business: 21  
2a. Mailing Address: 26

4. FEI Number: 65-0289161  
Applied For: Not Applicable

Suite, Apt. #, etc.: 22  
Suite, Apt. #, etc.: 27

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

City & State: 23  
City & State: 28

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

ZIP: 24  
County: 25  
ZIP: 29  
County: 30

8. This corporation has liability for intangible tax under s. 193.002, Florida Statutes:  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

AURELIEN, SOLANGE  
4200 N.W. 2ND AVENUE  
MIAMI FL 33127

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

DATE

| 12. OFFICERS AND DIRECTORS |                     |
|----------------------------|---------------------|
| TITLE                      | PTD                 |
| NAME                       | AURELIEN, SOLANGE   |
| STREET ADDRESS             | 4200 N.W. 2ND AVE.  |
| CITY - ST - ZIP            | MIAMI FL 33127      |
| TITLE                      | SD                  |
| NAME                       | AURELIEN, ANDRE     |
| STREET ADDRESS             | 4200 N.W. 22ND AVE. |
| CITY - ST - ZIP            | MIAMI FL 33127      |
| TITLE                      |                     |
| NAME                       |                     |
| STREET ADDRESS             |                     |
| CITY - ST - ZIP            |                     |
| TITLE                      |                     |
| NAME                       |                     |
| STREET ADDRESS             |                     |
| CITY - ST - ZIP            |                     |
| TITLE                      |                     |
| NAME                       |                     |
| STREET ADDRESS             |                     |
| CITY - ST - ZIP            |                     |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME   |   |
| 13 STREET ADDRESS                                     |   |
| 14 CITY - ST - ZIP                                    |   |
| 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME   |   |
| 23 STREET ADDRESS                                     |   |
| 24 CITY - ST - ZIP                                    |   |
| 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME   |   |
| 33 STREET ADDRESS                                     |   |
| 34 CITY - ST - ZIP                                    |   |
| 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME   |   |
| 43 STREET ADDRESS                                     |   |
| 44 CITY - ST - ZIP                                    |   |
| 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME   |   |
| 53 STREET ADDRESS                                     |   |
| 54 CITY - ST - ZIP                                    |   |
| 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME   |   |
| 63 STREET ADDRESS                                     |   |
| 64 CITY - ST - ZIP                                    |   |

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 110.07(3)(A), 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: Solange Aurelien 06/10/95  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

CR2E034 (3/95)