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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1996

Secretary of State DIVISION OF CORPORATIONS

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BAC FU	INDING CORPORATION	2 (5)	<u> </u>	. 1181 <b>448</b> 11 <b>5</b> 1811 <b>5</b> 1811 <b>6</b> 181		
		Marilian Arthuran				
Principal Place	of Business	Mailing Address				
6600 NW 27		6600 NW 27 AVE MIAMI FL 33147				
MIAMI FL 331	47	MIAMI FE 33147		Date Incorporated or Qualified	3a. Date of Las	t Report
US				04/22/1982	03/15/	
Dringing Dir.	ace of Business	2a. Mailing Address		4. FEI Number		Applied For
2. Principa⊢R √	AGE OLDOZILIE22	26		59-2196535		Not Applicable
Suite Apt 4	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	T	5 Additional Required
2	·	27				
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees
3		<b>28</b> Zip	Country	This corporation has liability for		
Zip	Country	29	30	Florida Statutes	Yes IINo	
4	9. Name and Address of Curre			10. Name and Address of New F	Registered Agent	
			81 Name			
HUBBS	GREGORY		82 Street A	ddress (P.O. Box Number is Not Acceptal	ble)	
	N 27 AVE					
	L 33147		83			
MIN-MAIL I	2 00 141		84 City		FL 85	Zip Code
				rporation submits this statement for the popard of directors. I hereby accept the app	emena of changing its	s registered office
familiar w	ith, and accept the obligations of, 569					
SIGNATURE	Signature, typed or printed name of registered agr	or t and title it applicable (No	OTE: Registered Agent signature re	rporation submits this statement for the popular of directors. I hereby accept the apparent when reinstalling!  ADDITIONS/CHANGES TO OF	DATE	
SIGNATURE	Signature: typed or printed name of registrated agr	ort and title if applicable (NO	DTE: Registered Agent signature re	quired when reinstating) ADDITIONS/CHANGES TO OF	DATE	TORS IN 12
SIGNATURE  12.  1itle	Signature, typed or printed name of registered agr OFFICERS A	or t and title it applicable (No	DTE: Registered Agent signature re	quired when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIREC	TORS IN 12
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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 triat 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR