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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT STATE
Sandra B. Mortha
Secretary of Stat

DIVISION OF CORPORDINS

1996

MENT # N30907

(2)

DOCUMENT #

1. Corporation Name

LIC HOUSE INC

HIS HOUSE, INC.

<u> </u>

	f Business	Mailing Address					
7000 NW 53RD TERR MIAMI FL 33166		7000 NW 53RD TERR MIAMI FL 33166					
					3. Date Incorporated or Qualified 02/28/1989	3a. Date of La 04/27	/1995
2. Principal Plac	of Business	2a. Mailing Address	·- -		4. FEI Number		Applied For
¬ :	ce of pasitiess	26			65-0145994		Not Applicable
Suite, Apt. #,	etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional
2 Suite, Apr. #,	, 610.	27			5. Certificate of States Desired		e Required
City & State		City & State			6. Election Campaign Financing		.00 May Be
3		28			Trust Fund Contribution Added to 15		
Zip	Country	Zip	Cory		8. This corporation has liability for in	ntangible tax unde ∐ Yes □ No	rs. 199.032,
4	25	29	30		Florida Statutes 10. Name and Address of New Re		
<u>.</u>	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New N	egistered Agont	
				Name			
CACERES	S-GONZALEZ JEAN		2	Street Addr	ess (P.O. Box Number is Not Acceptable	le)	
6695 SW							
MIAMI FL			3				
***** **** -			4	City		85	Zip Code
				-		FL "	the registered off
11. Pursuant to	the provisions of Sections 617.09	502 and 617.1508, Florida Statu	ites, the abeina	emed corpor	ration submits this statement for the pur rd of directors. I hereby accept the app	rpose of changing ointment as regist	ered agent. I am
or registere	ed agent, or both, in the State of F h, and accept the obligations of, S	lorida. Such change was author ection 617,0503. Florida Statute	ized by the Irpo	ration's boar	ration submits this statement for the pur rd of directors. I hereby accept the app	-	
	n, and accept the obligations of, o	COllon O17.0000; Florido Otorido					
SIGNATURE _	Signature, typed or printed name of registered a	gent and title if applicable. If	NOTE: Registere yent	signature require	ed when reinstaling ^t	DATE	CLORS IN 12
12.		AND DIRECTORS	13		ADDITIONS/CHANGES 10 OFF	Cha	inge Additio
TITLE	PD	DELETE	1.1 1. E				g. L
NAME	CACERES-GONZALEZ, JEA	N .	1.2 MÉ				
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STREET ADDRESS	6695 SW 152 CT. MIAMI FL 33193			ADDRESS 1-7IP		Псь	ange
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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 ellect as it indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal ellect as it indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal ellect as it indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal ellect as it indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal ellect as it indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal ellect as it indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal ellect as it indicates and that my name oath; that I am an officer or different or true and accurate and that my signature shall have the same legal ellect as it indicates and that my name oath; that I am an officer or different ellect as it indicates and that my name oath; that I am an officer or different ellect as it is accurate to the same legal ellect as it is accurate to the same legal ellect as it is accurate to the same legal ellect as it is accurate to the same legal ellect as it is accurate to the same legal ellect as it is accurate to the same legal ellect as it is accurate to the same legal ellect as it is accurate to the same legal ellect as it is accurate to the same legal ellect as it is accurate to the same legal ellect as it is accurate to the same legal ellect as it is accurate to the same legal ellect as it is accurate to the same legal ellect as it is accurate to the same legal ellect as it is accurate to the same legal ellect as it is accurate to the same legal ellect as it is accurate

SIGNATURE:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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