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

PROFIT CORPORATION ANNUAL REPORT



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

1996

1. Corporation Name

DOCUMENT # **V64730**

(7)

FREEMAN, DAWSON & ASSOCIATES, P.A.

		,							
Principal Place of Business Mailing Address						-			HI MUDEE MINET IN AL
3250 MARY ST. STE 100 MIAMI FL 33133		3250 MARY ST. STE 100 MIAMI FL 33133	STE 100 Miami FL 33133						
US		US	US			3. Date Incorporated or Qualified 3a. Date of Last Report 09/17/1992 04/24/1995			
2. Principal Pla	ice of Business	2a. Mailing Address 26	¬ -			OF 0074004			Applied For Not Applicable
Suite, Apt. #	i, elc.	Suite, Apt. #, etc.				\$8.75 Additional			
22		27							Required
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees		
7ip	Country 25	Zip 29	Cour 30	ntry		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes			199.032,
	9. Name and Address of Curre		190			10. Name and Address of New R		jent	
				81	Name				
	AN, LEWIS B.		82 Street Addr			ss (P.O. Box Number is Not Acceptab	le)		-
3250 M/ STE 100	ARY STREET			83					
) L 33133								
***************************************	£ 50 100			84	City		FL	85 Zi	ip Code
11. Pursuant to or registere familiar wit	o the provisions of Sections 607.050; ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	2 and 607.1508, Florida Statu ida. Such change was authori tion 607.0505, Florida Statute	tes, the above zed by the cost.	/e-na orpo	amed corpora ration's board	tion submits this statement for the pur of directors. I hereby accept the appe	nose of chanc	ging its r gistered	registered office d agent. I am
SIGNATURE _									
12.	Signature, typed or printed name of registered ages OFFICERS AN	Land title if applicable (N ID DIRECTORS	OTL Registered /	Agent	signature required t	when reinstatings ADDITIONS/CHANGES TO OFF	DATE ICERS AND D	IBEC16	785 INI 12
TITLE	Table 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		1.1 111	i.E		NOUNCE OF A COLUMN COLOR OF COLUMN C		Change	Addition
NAME	FREEMAN, LEWIS B.		1.2 NAI	ME					
STREET ADDRESS	3250 MARY STR, STE 100		13 STF	1.3 STREET ADDRESS					
CITY+S1-ZIP	MIAMI FL DP	F3 DFI FT	14 CH		- ZIP			<u> </u>	Print A 1 1 1 1 1
THTLE NAME	DAWSON, RAQUEL V.	☐ DELETE		2 1 TITLE 22 NAME			П	Change	Addition
	3250 MARY STR, STE 100		23 STREET		ADDRESS				
CITY ST ZIP	MIAMIFE		2.4 CITY-ST-ZIP						
TITLE		☐ DEFFIE	3 1 TITLE					Change	☐ Addition
NAME				3.2 NAME					
STREET ADDRESS					ADDRESS				
CHTY+ST-ZIP TITLE	DELETE			34 CHY-S1-ZIP 4 1 TITLE				Change	Addition
NAME			4 2 NAME						
STHEET ADDRESS			4 3 STF	A T33F	NODRESS				
CITY-ST-ZIP			4.4 CiT	Y-S1	- 719				
TITLE		☐ DELETE	.5 1 111					Change	Addition
NAME			5 2 NA						
STREET ADDRESS				5.3 STREET ADDRESS					
CITY-ST-ZIF	The state of the s	דיין חבו בזב	5.4 CIT		- ZIP			Change	Addition
TITLE		DELETE					U	Change	Addition
NAMÉ especialisación			62 NAI		unhareč				
STREET ADDRESS					ADDRESS				
CITY-S1-ZIP		with this fire is not a site of	6.4 CH	Y-51	- ZP'	the country of the Continue AGO	ASIAGO ESTA		

4. 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 eath; that I am an office 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 if Block 13 if changed, or the exemption of the corporation or the exemption 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 if Block 13 if changed, or the exemption 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 if Changed, or the exemption 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 if Changed, or the exemption 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 if changed, or the exemption of the corporation or the receiver of the exemption of the exemption

SIGNATURE:

4/11/96 4431500