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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Sandra B. Mortnam

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J73988

1. Corporation Name

(4)

DETAILS, DETAILS, INC.

(4

00111	LO,		 	

Mailing Address

6816 CAMARIN CORAL GABLES FL 33146

Principal Place of Business

6816 CAMARIN CORAL GABLES FL 33146 FILED Apr 29 1996 8:00 am Secretary of State



CORAL GABLES	S FL 33146	CORAL GABLES FL 3	3146							
						 Date Incorporated or Qualified 05/18/1987 	3a. Date of 05/	01/199)5	
2. Principal Place	e of Business	2a. Mailing Address		•		4. FEI Number			Applied For	
21		26				65-0077326			Not Applicable	
Suite, Apt. #,	etc.	Suite, Apt. #, etc.	¬ '''			5. Certificate of Status Desired	red S8.75 Additional Fee Required			
City & State		City & State				6. Election Campaign Financing			May Be	
23		28				Trust Fund Contribution		Added	to Fees	
Zιρ	Country 25	Zip 29	30	ountry		8. This corporation has liability for a Florida Statutes Yes	intangibile tax i No	under s	199.032,	
24	9. Name and Address of Current			T -		10. Name and Address of New R	egistered Ag	ent		
	g. Hame the Addices of Content			81	Name					
BRYER, W			82 Street Add		ddress (P.O. Box Number is Not Acceptable)					
	. 57TH AVENUE			83				· ····		
MIAMI FL	33143			"						
				84	City		FL	B5 Zip	o Code	
					l	i to the skip of the state of the skip of the		alog ite r	opietored office	
11. Pursuant to	the provisions of Sections 607.0502 a	and 607.1508, Florida Statu a. Such change was authori	ites, the at ized by the	oove-r com	named corpo oration's boa	oration submits this statement for the pur ard of directors. I hereby accept the app	ointment as re	gistered	agent. Lam	
familiar with,	, and accept the obligations of, Section	n 607.0505, Florida Statute	es.	- -		, , ,,		_		
SIGNATURE	ignature, typed or printed name of registered agent a	nd tile if applicable.	NOTE: Register	ed Ager	nt signature requir	red when reinstating)	DATE			
12.	OFFICERS AND		13	·.		ADDITIONS/CHANGES TO OFF				
TITLE	PVS	☐ DELETE	1.1	TITLE				Change	☐ Addition	
NAME	ABRAHAM, NORMA JEAN		1.2	NAME						
STREET ADDRESS	6816 CAMARIN		1.3	STREET	ADDRESS .					
1	CORAL GABLES FL			CITY-S		•				
CITY-SI-ZIP TITLE	TD	T) DELETE		TITLE	, <u> </u>			Change	☐ Add:tion	
1	· · · · · · · · · · · · · · · · · · ·			NAME						
NAME	ABRAHAM, NORMA JEAN				T ADDRESS					
STREET ADDRESS	6816 CAMARIN				Į.					
City-ST-ZiP	CORAL GABLES FL	□ DELETE		CITY-S	SI-ZIF			Change	Addition	
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NAME					2220004.7					
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP		☐ DELETE		I CITY-S 1 TITLE	\$1 - ZIP			Change	Addition	
THLE		[_] מבנבוב							L.	
NAME				NAME	i					
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP				CITY-				Change	Addition	
THLE		DELETE		1 TITLE	İ		L_	onange	L Addition	
NAME				2 NAME						
STREET ADDRESS			53	3 STREE	223ROCA 1					
CHY-ST-ZIP			5.4	4 CITY-	ST-ZIP			054		
THILE		☐ DELETE	6	1 TITLE	ļ		<u>[_</u>	Change	☐ Addition	
NAME			6.2	2 NAME	1					
STREET ADDRESS			6.3	3 STREE	T ADDRESS					
			6.4	4 CITY-	SI-ZIP					
14 I do hereby	certify that the information supplied v	with this filing is voluntarily fu	irnished ar	nd doe	es not qualify	y for the exemption stated in Section 119	9.07(3)(k), Flor	da Statu	ites. I further	

1. To nereby certify that the information supplied with this lining is voluntarily furnished and describe in the exemption stated in section 1.15 (A), Florida Statutes, Tultifur 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:

SIGNATURE AND THEO OR PRINTED HADE OF BIGNING OFFICER OR DIRECTO

6 465-4370