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PROFIT **CORPORATION** ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

158601 DOCUMENT #
1. Corporation Name

(5)

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	ES MANUK, INC.							
Principal Place	of Business	Mailing Address			s immime tinne Arial eder derrif e			
2520 - 2530 LEJUNE RD 2520 - 2530 LEJUNE RD PO BOX 140504 PO BOX 140504 CORAL GABLES FL 33114 CORAL GABLES FL 33114				3. Date Incorporated or Qualified		of Last Re		
					07/22/1949		01/17/19	
2. Principal Pla	ice of Business	2a. Mailing Address 26			4. FEI Number 59-6078201			Applied For Not Applicable
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		•	Additional Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		· ·	May Be I to Fees
Zip	Country 25	Z ₁ p	Country 30		8. This corporation has liability for Horida Statutes	intangible ta s	x under s	199.032,
24	9. Name and Address of Curren				10. Name and Address of New	Registered	Agent	
			81 N	lanie				
	en, kathryn f Ndalusia ave.		82 S	treat Address	(P.O. Box Number is Not Accepta	ble)		
	L GABLES FL 33134		83					
			84 C	Dity			85 Zir	Code
	o the provisions of Sections 607.0502				· · · · · · · · · · · · · · · · · · ·	FL.	inging its s	oniclored office
SIGNATURE .	Signature, typed or printed name of registered ayant		NOTE: Bagistered Agent sig	latinational means.	er, renstating ADDITIONS/CHANGES TO OF	DATE FIGERS AND	Directo	RS IN 12
12. TITLE	P OFFICERS AIN	DELETE	1.1106				Change	☐ Addition
NAME	O'BRIEN, KATHRYN F		1.2 NAME					
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	CORAL GABLES FL S	☐ DELETE	14 CITY-ST Z				Change	Addition
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con nereby certify that the information applied with his lining is voluntarily transition and occurring to the example of state in deciding for the example of state in deciding 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:

1-17-96