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PROFIT CORPORATION ANNUAL REPORT



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

1996



1. Corporation THUND	MEN I # 3009S PERBIRD TRAVEL INC) (<i>i</i>)						
Principal Place	of Business	Mailing Address				IDI IIDI DIBII BIBII		HAN DIDN III
17250 COLLINS AVE MIAMI BCH FL 33160		17250 COLLINS AVE MIAMI BCH FL 33160		i I				
				1	corporated or Qualified	I	of Last Re	•
2. Principal Pla	nce of Business	2a. Mailing Address		4. FEI Nu		<u> </u>		oplied For
21		26		59	-1161440			lot Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.		5. Certific	ate of Status Desired			Additional Required
City & State		City & State	City & State		Campaign Financing und Contribution	paign Financing \$5.00 May Be		
Zip 24	Country 25	Zip 29	Country 30		rporation has liability for Statutes X Yes	r intangible tax		
- '	9. Name and Address of Curr			10. Name	and Address of New	Registered A	gent	
			81 Nan	ne				
JONES,			82 Stre	et Address (P.O. Box	Number is Not Accepta	able)		==
4511 N.V	W. 175TH STREET		83	 				
MIAMI 33	3055		83					
			84 City			FL	85 Zip	Code
or registere	eo agent, or both, in the State of Fa	orida. Such change was authoria	ed by the corporation	corporation submits i's board of directors.	I horeby accept the app	pointment as r	egistered	agent. I am
familiar witi SIGNATURE	h, and accept the obligations of, Si Signature, typed or printed name of registered as	orida. Such change was authorida ection 607.0505, Florida Statute: perl and tile if applicatie. (N	ed by the corporation TE Registered Agent signation	's board of directors.	I horeby accept the app	pointment as r	egistered	agent. I am
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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 er en an attachment with an address. 4/09/96 305-945-4286
Date Dept nic Phone #

SIGNATURE: Gara

SIGNATURE AND TYPED OF SANITED NAME OF SIGNING OFFICER OR DIRECTOR