ANNU	PROFIT PORATION IAL REPORT		Sand Secr	PARTMENT OF Ira B. Mortham retary of State DF CORPORAT						
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ncipal Place of Elusiness 864 WEST FLAGLER STREET AIAMI FL 33135-1915			Mailing Address 1864 WEST FLAGLER STREET MIAMI FL 33135-1915				<b>0</b> + 10 ( 0 60 <u>8</u> 31		<b>a</b> 1 <b>4</b> 14 <b>6 1 6 1</b>	
						3. Date Incorporated or 02/17/1967	Qualified	3a. Date o 03	of Last F	
ncipat Pla	ice of Business	2a 26	a. Mailing Address			4. FEI Number 59-1163078		- <b>I</b>		Applied For Not Applicat
iite, Apt. #	4, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status D	lesired		\$8.75	Additional Required
ty & State		28	City & State			6. Election Campaign Fir Trust Fund Contributio	0	Ē		O May Be d to Fees
· · · · · · · · · · · · · · · · · · ·	Country 25	29		Counti 30	ry	8. This corporation has li Florida Statutes		intangible tax	under s	199.032,
•••	9. Name and Address o	of Current Regi	istered Agent		1 Name	10. Name and Address	of New R	egistered A	gent	
	IGAS, ANTONIO R. SR.			B	2 Street Add	Iress (P.O. Box Number is Not	Acceptab	le)		
	/ 93 PLACE L 33173			8	3	·				
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ursuant to	the provisions of Sections (					ration submits this statement f and of directors. I hereby accep	for the purp of the appo	FL pose of chan pintment as re		p Code registered off l agent. I am
Ansuant to r registere imiliar with ATURE s	b the provisions of Sections ( d agent, or both, in the Stat n, and accept the obligations Streth re, blied or printed name of regi OF FIC VD SALADRIGAS, ANTON	e of Northan Stre s of, Section 607 stered agent and the D SERS AND DIRE	ri onaligo was aution 7.0505, Florida Statute itapykabk: (*	NOTE: Registered Ag 13. 1.1 THLE 1.2 NAME	ent signature require	ard of directors. I hereby accep	t the appo	DATE DATE	ging its r gistered	Pegistered of agent. I am DRS IN 12
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