| FILE NOW: | FILING FEE AFTER | MAY 1 IS \$225.00 |
|-------------------|------------------|-----------------------------|
| PROFIT | CHE STO. | FLORIDA DEPARTMENT OF STATE |
| CORPORATIO | | Condes D. Marshau |

ANNUAL REPORT 1996



Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

| DOCUMENT # |
|------------|
|------------|

331669

(2)

| Principal Place of Business P.O. BOX 831122 MIAMI FL 33283 MIAMI FL 33283 P.O. BOX 831122 MIAMI FL 33283 | | | | | | | | |
|--|--|-------------------------------------|---|---------------------------|---|--------------------|--------------------------------|--|
| | | | | | 3. Date Incorporated or Qualified 06/25/1968 | 3a. Date of I | Last Report /03/1995 | |
| —————————————————————————————————————— | | 2a. Mailing Address | *************************************** | 4. FEI Number | | <u></u> | Applied For | |
| 26 Suite, Apt. #, etc. Suite Apt. # et | | | | 59-1214605 | | Not Applicable | | |
| | | 27 Suite, Apr. #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$ | 8.75 Additional Fee Required | |
| City & State | | City & State | L | | 6. Election Campaign Financing | | | |
| 23 | | 28 | | | Trust Fund Contribution | | \$5.00 May Be Added to Fees | |
| Zip Country 24 25 | | Ζφ 29 | 30 | | This corporation has liability for intangible tax under s 199.032, Florida Statutes | | | |
| | 9. Name and Address of Currer | t Registered Agent | | | 10. Name and Address of New R | egistered Age | nt | |
| 1/1651 | EU LEMA | | - | Name | ··· ····· | | | |
| | /EIL, LEWIS W 114TH PLACE, UNIT D | | | 32 Street Add | ress (P.O. Box Number is Not Acceptab | ile) | | |
| | FL 33173 | | ļ. | 33 | | | | |
| THE STATE OF | 1 5 00 170 | | [' | 33 | | | i | |
| | | | 1 | 34 City | | FL 8 | 5 Zip Code | |
| SIGNATURE | , and accept the obligations of, Sect greature, typed or printed name of registered agent | an vior 10000, monda Statutes | >. | gest signature require | ration submits this statement for the pur rd of directors. Thereby accept the appo | pintment as region | stered agent. I am | |
| 12. | OFFICERS AND | DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFF | | ECTORS IN 12 | |
| TITLE | PTD | DELETE | 1 1 Dit | .ŧ | | ☐ Cr | | |
| NAME | KURZWEIL, LEWIS | | 1.2 NAN | 4 | | | | |
| STREET ADDRESS | 7004 SW 114TH PL, UNIT I MIAMI, FL 00000 | J | 1 3 SIR | ET ADDRESS | | | | |
| CITY-ST-ZIP TITLE | VD | DELETE | | ST-ZIP | | | | |
| NAME | KURZWEIL, RHOĐA | FI percie | 2 1 1(1) | | | ☐ Cri | nange 🗌 Addition 📙 | |
| STREET ADDRESS | 7004 SW 114TH PL, UNIT I |) | 2 2 NAM | | | | | |
| CITY-ST-ZIP | MIAMI, FL 00000 | - | | FFF ADDRESS - ST - ZIP | | | | |
| TIFLE | 1 | DELETE | 3 1 Til. | | | Ch | nange Additron | |
| NAME | Kurzweil, adam B. | | 3.2 NAM | | | | ango [] redution | |
| STREET ADDRESS | 8350 SW 131ST ST | | 33 STR | EET ADDRESS | | | | |
| CITY-SI-ZIP | MIAMI FL | | _3 4 C'TY | - ST - 7IP | | | | |
| TITLE | | DELETE | 4 1 711 | E | | ☐ Ch | lange Addition | |
| NAME | | | 4.2 NAM | ė į | | | | |
| STREET ADDRESS | | | 4.3 STH | ET ADDRESS | | | | |
| CITY-ST-ZIP TITLE | | Politi | 4.4 C(TY | | | | | |
| NAME | | DELETE | 5 1 Tills | | | Ch. | ange 🔲 Addition | |
| STREET ADDRESS | | | 5 2 NAM | · | | | | |
| CITY-ST-ZIP | | | | ET ADDRESS | | | | |
| TITLE | | DELETE | 5.4 CITY 6.1 TiTE | | | | ange Addition | |
| NAME | | | 6.2 NAM | 1 | | ☐ Chi | ange | |
| STREET ADDRESS | | | | EL ADDRESS | | | | |
| CITY-ST-ZIP | | | 6.4 CHY | · S.I - ZIE | | | | |
| 14. I do hereby | certify that the information supplied w | ith this filma is voluntarily furni | ished and do | es not qualify for | or the examption stated in Section 110.5 | 7/2/ld Florido (| Statute I E atten | |

14. 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 suppliernential annual report is true and ancurate 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:

SIGNATURE SIGNATURE AND PRED DRAINTED NAME OF SIGNING OFFICER OR DIRECTOR