PROFIT CORPORATION ANNUAL REPORT 1996			FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS		,			
1. Corporation	IMENT # 36810 on Name ARA WALLACE INC.	)7 (9	(9)		î lâdira inilî rind laka inên ar	i 1 <b>64</b> ) <b>0</b> :024 0:1	)))	I ÖVEN BIRN NORN
Principal Plac	e of Business	Mailing Address	<del></del>					
	MMERCIAL BLVD RDALE FL 33334	1311 E COMMI FT. LAUDERDA						
					3. Date Incorporated or Qualified 08/07/1970	3a. Date	of Last R	Report <b>95</b>
2. Principal P	Place of Business	2a. Mailing Addre	ss		4. FEI Number	. I		Applied For
Suite, Apt.	#, etc.	26   Suite, Apt. #,	etc.		59-1304740 5. Certificate of Status Desired			Not Applicable  Additional
City & Stat	e	Crty & State			6. Election Campaign Financing			Required  May Be
Z <sub>i</sub> p	Country 25	28   Zip	Country		Trust Fund Contribution  8. This corporation has liability for		Adde	d to Fees
.4	9. Name and Address of Currer	29 Agent	30	l	Florida Statutes Yes  10. Name and Address of New F	□ No		
11. Pursuant or register familiar wi SIGNATURE	to the provisions of Sections 607.0502 red agent, or both, in the State of Florith, and accept the obligations of, Sect	tion 607.0505, Florida S	latutes.	ed corporation's board o	r directors. I hereby accept the app	FL rpose of cha ointment as	<b>⊥</b> _ I.	p Code egistered office agent I am
12.	Signature, typed or printed name of registered agent OFFICERS AN	D DIRECTORS	(NOTE Registeral Agent sgr	fore required who		DATE	· · ·	
TITLE	PD	DELET			ADDITIONS/CHANGES TO OFF		DIRECTO  1 Change	RS IN 12
name Street address City-St-Zip	FIORITO, JOSEPHINE 1311 E. COMMERCIAL FT LAUDERDALE FL		1.3 STREE1 ADDI 1.3 STREE1 ADDI 1.4 CITY - ST - ZIP	ESS		ι	] Change	☐ Madition
TITLE NAME STREET ADORESS	VD FIORITO, JERRY 1311 E. COMMERCIAL FT LAUDERDALE FL	DELET		ESS			] Change	☐ Addition
DITY-ST-ZIP TITLE NAME	SD VELIA FOCARACCI	DELET					] Change	Addition
STREET ADDRESS	1311 E. COMMERCIAL FT. LAUDERDALE FL		3.2 NAME 3.3 STREET ADDI	ESS				
ITLE JAME		☐ DELET		<del></del>			] Change	Addition
STREET ADDRESS			4.2 NAME 4.3 STREET ADDR	SS				
ITLE IAME		☐ DELET	4.4 CFTY - ST - ZIP  5 1 TITLE  5 2 NAME				) Change	Addition
i			5.3 STREET ADOR	ss				
TREET ADDRESS			EARIN OT TO					
		☐ DELETE					Change	Addition
TTY-ST-ZIP		☐ DELETE		SS			Change	Addition

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). Fiorida Statutes. I further 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

Day Interpreted by Chapter 607, Florida Statutes, and that my name of signing officer on directors.

Day Interpreted by Chapter 607, Florida Statutes, and that my name of signing officer on directors.