, FILE	E NOW: F	ILING FEE	AFTE	R MAY 1 I	S \$22	25.0	0						
PROFIT CORPORATION ANNUAL REPORT 1996				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State									
				DIVISION OF CORPORATIONS									
DOCUN 1. Corporation	MENT #	(2)											
		31 INCORPOR	ATED										
Principal Place of Business 7901 LUDLAM RD				Mailing Address					U   U   U	IV#11 VIVI VIVII VIVI		/ UFU() DIU(+ 100)	
SO MIAMI FI				901 LUDLAM RD O MIAMI FL 33143									
								3. Date Incorpora 05/13/19			of Last R		
2. Principal Place of Business 1				2a. Mailing Address 26				4. FEI Number	. FEI Number Applied For			Applied For Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of S			\$8.75	Additional	
2 City & State				City & State				6. Election Camp	• •	• ••••••			
3] Zip	Zip Country			йр ————————————————————————————————————	Country			Trust Fund Co 8. This corporation	n has liability f	for intangible tax		d to Fees 199.032,	
4	25 9. Name and	Address of Curre	29 nt Registe	red Agent	30		····	Florida Statute 10. Name and A		Ves 🔲 No W Registered A	gent		
PDICE	WILMER			n			Vame	BRUCE	WIEr				
7901 LU	JOLAM RD	82			Street Add	Iress (P.O. Box Numbe	r is Not Accep	table)					
miami f	L 33143					83	<u></u>				1		
							City 	ration submits this star	·····	<u> </u>		p Code	
SIGNATURE		e obligations of, Sec technine of registered age OFFICERS AN	it and title if app			Agent siç	grature requin	eo when reinstating) ADDITIONS/CI	HANGES TO C			DRS IN 12	
ITLE IAME	V Deutsch,	FLUOT J		DELETE	1. 1 Ti 1.2 N/			• • • • • • • • • • • • • • • • • • •			Change	Addition	
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STREET ADDRESS CITY-ST-ZIP						'REET AD TY • ST - Z	1		<u> </u>				
ITLE JAME				DELETE	6. 1 T 6.2 N/					Ē	Change	Addition	
STREET ADDRESS					6.3 S1	REE1 AD	4					5.1	
CITY-ST-ZIP 14. I do hereby	y certify that the	nformation supplied	with this fil	ing is voluntarily furn	ished and	IY-SI-Z does n	ot qualify	for the exemption state	d in Section 1	19.07(3)(k), Flori	da Statut	es. I further	
oath; that l appears in	and miormation i am an officer or Block 12 or Bloc	ndicated on this ann deectoriof the corp x 13 if changed, or	vir an enno oran on priti	or supplemental ann he receiver or truste chment with an addr	uai report i e enipowei ess.	s true a red to r	ano accur execute th	ale and that my signat is report as required b	ure snall have f y Chapter 607	ine same legal e , Florida Statute	πect as if s; and tha	made under at my name	
SIGNAT		KI	Wil			U	(ml)	46	(	30566	lolu	(2	
	B	GNATURE AND TYPED	A PRINTED N	AME OF SIGNING OFFICE	R OR DIRECT	IOR	·		Dale	Daj	time Prione	#	

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