FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE.
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

Person Place of Business	DOCUN 1. Corporation N	Name	. ,					
Prince Description Descr	REGISTERED AGENT CORPORATION							
## AMAIN FL 33133 ## AMAIN FL 3	Principal Place o	of Business	Mailing Address	11.11.11		I HADIN BIRIN BIRDI IRINA BINA IRINA	1810 81811 81811 81811 81	
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Trust Land Contribution						Fee Required		
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SALOMON, WARREN M 1685 S BAYSHORE DR MIAMI FL 33133 41	4			30				
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MAMI FL 33133	1665 S BAYSHORE DR			82	Street Address (P.O. Box Number is Not Acceptable)			
STREET ADDRESS CHY-ST-ZP Change Addition Change C				83				
Pursuant to the provisions of Sections 607 0502 and 607 1502, Roads Statutes, the abbore-haused corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am state of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am state of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am state of Florids. Such changes of providing the provided agent				84	84 City 85 Zip			Zip Code
or registered agent, or both, in the State of Florida Static Section 607 (2005). Florida Staticles Signature System December 2 (1005) Section 607 (2005). Florida Staticles Signature System December 2 (1005) Section 607 (2005). Florida Staticles Signature System December 2 (1005) Section 607 (2005). Florida Staticles Signature System December 2 (1005) Section 607 (2005). Florida Staticles Signature System December 2 (1005) Section 607 (2005). Florida Staticles Signature System December 2 (1005) Section 607 (2005). Florida Staticles Signature Salumon, Warren M.								
13	or registere familiar with	ed agent, or both, in the State of Fio n, and accept the obligations of, Sec	nda Such change was authori otion 607.0505, Florida Statute	zed by the corp s.	oration s boa	ro or directors. Thereby accept the appoint	Jimment as registe	red agent. I am
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6.11/1-51-21/F 14. I do hereby certify that the information surplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further cert by that the information indicated on this amount report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under the same logal effect as an accurate and that my signature shall have the same logal effect as an accurate and that my signature shall have the same logal effect as an accurate and that my signature shall have the same logal effect as an accurate and that my signature shall have the same logal effect as a financial report is true and accurate and that my signature shall have the same logal effect as a financial report is true and accurate and that my signature shall have the same logal effect as a financial report is true and accurate and that my signature shall have the same logal effect as a financial report is true and accurate and that my signature shall have the same logal effect as a financial report is true and accurate and that my signature shall have the same logal effect as a financial report is true and accurate and that my signature shall have the same logal effect as a financial report is true and accurate and that my signature shall have the same logal effect as a financial report is true and accurate and that my signature shall have the same logal effect as a financial report is true and accurate and that my signature shall have the same logal effect as a financial report is true and accurate and that my signature shall have the same logal effect as a financial report is true and accurate and that my signature shall have the same logal effect as a financial report is true and accurate and that my signature shall have the same logal effect as a financial report is true and accurate and that my signature shall have the same logal effect as a financial report is true and accurate and that my signature shall have		I entity that the information supplies	d with this filing is voluntarily fu	roiched and do	os not qualify	for the exemption stated in Section 119	1.07(3)(k), Florida S	tatutes. I further

SIGNATURE: ...

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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CR2E034 (12/95)