

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR -3 PM 3:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 486080 (5)

1. Corporation Name  
5600, INC.

Principal Place of Business Mailing Address  
5600 NORTHWEST 17TH AVENUE 5600 NORTHWEST 17TH AVENUE  
MIAMI FL 33142-3104 MIAMI FL 33142-3104

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/25/1975 3a. Date of Last Report 03/18/1994

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 4646 N.W. 17TH AVE  
22 City & State 27 Suite, Apt. #, etc.  
23 MIAMI, FL  
24 Zip 25 Country 29 33142 30 DADE

4. FEI Number 59-1684234 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
BLACK, ROBERT J., ESQUIRE  
4500 LE JEUNE ROAD  
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature: Typed printed name of registered agent and Florida address. NOTE: Registered Agent signature required when applicable.

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	JOHNSON, ERNEST
STREET ADDRESS	5600 N W 17 AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	SD
NAME	WILLIAMS, MILDRED
STREET ADDRESS	5600 N W 17 AVE
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(b), Florida 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 oath. 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 on Block 12 or Block 13 if changed, or on an attachment to this address.

SIGNATURE: Ernest Johnson ERNEST JOHNSON 2-27-95 3066342651  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER (IF SIGNER IS DIRECTOR)