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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 526217

(5)

Corporation Name

3101 CORPORATION

Principa' Place of Business

3101 PONCE DE LEON BLVD. CORAL GABLE FL 33134 Mailing Address

3101 PONCE DE LEON BLVD. CORAL GABLE FL 33134



Substitution	COHAL GABL	E PL 33134	CORAL GABLE FL 33134					
26 S9-1878112						02/18/1977		
Suite, Act. #, etc. 27		, and the second				1 1 1 1	-1	Applied For
27	21	. *				59-1878112		Not Applicable
28	Suite, Apt. #, etc		harana a sa		5. Certificate of Status Desired			
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22		· · · · · · · · · · · · · · · · · · ·		Countr				
9. Name and Address of Current Registered Agent A.G.C. CO. 201 S. ORANGE AVENUE 1300 BARNETT PLAZA ORLANDO FL 32801 11. Fürstand to the provisions of Sections 607.0502 and 607.1508, floridal Statutes, the above named corporation submits with a decay the chippened of Sections 607.0502 and 607.1508, floridal Statutes, the above named corporation submits in the provisions of sections 607.0502 and 607.1508, floridal Statutes, the above named corporation submits with a decay the displaced of Sections 607.0502 and 607.1508, floridal Statutes, the above named corporation submits in the provisions of Sections 607.0502 and 607.1508, floridal Statutes, the above named corporation submits the statement for the purpose of changing its registered difference of the provisions of the pro	24]	h	P	_	y			ders 199.032,
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13.00 BARNETT PLAZA ORLANDO FL 32801 84 City					Street Addre	ess (P.O. Box Number is Not Acceptabl	e)	
ORLANDO FL 32801			83	 -				
11. Fursional to the provisions of Sections 607 0502 and 607 1508, Furida Statutes, the above named corporation submits this statement for the purpose of changing its registered efficiency 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 depent, I am formation and the large authorized by the corporation's board of directors. I hereby accept the appointment as registered depent, I am formation and the large authorized by the corporation's board of directors. I hereby accept the appointment as registered depent, I am formation and the large authorized by the corporation's board of directors. I hereby accept the appointment as registered depent, I am formation and the large authorized by the corporation's board of directors. I hereby accept the appointment as registered depent, I am formation and the large authorized by the corporation's board of directors. I hereby accept the appointment as registered depent, I am formation and the large authorized by the corporation's board of directors. I hereby accept the appointment as registered depent, I am formation and the large authorized by the corporation's board of directors. I hereby accept the appointment as registered depent, I am formation and the large authorized by the corporation's board of directors. I hereby accept the appointment as registered depent, I am formation and the large authorized by the corporation's board of directors. I hereby accept the appointment as registered depent, I am formation and the large authorized by the corporation's board of directors. I hereby accept the appointment as registered depent, I am formation and the large authorized by the corporation's board of directors. I hereby accept the appointment as registered depent, I am formation and the large authorized by the corporation's board of directors. I hereby accept the appointment as registered depent, I am for the large authorized by the corporation's board of directors. I hereby a								
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Standard System productions of the place of the many search. PODE Recipioned April application recommon effort recommon ef	12.0711 10 41 (1	n, and accept the obligations of, Sec	tion 607.0505, Florida Statutes.					norda agoria. Fam
DELETE CD				Registered Age	nt signature required	when reinstating)	DATE	
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	S1#BLEADTIPESS			6 3 STREET	ADDRESS			
	CHY ST-ZIP			64 CITY - 5	SI - ZIP			

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; that I am an officer or director of the corporation or the reserver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Brook 18 if dyanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/26/96 305 445 9808