COR ANNL	PROFIT PORATION JAL REPORT 1996		FLORIDA DEPAF Sandra E Secreta DIVISION OF (B. Molinm iry of Side		
Corporation		545117	(4)			
DADE	-Gail enterp	RISES, INC.			 	
incipal Place	The second secon	Ma	iling Address			1877 1887 81811 81811 GIBA 81877 81811 61811 188
13650 N.E. N. MAMI E	FHIRD COURT	سمار د	13650 NETHIRD COU NAMAMI FL 33161			
123°	DWI E	33180	7 ~ 9 7A LI	E 213 40	3. Date Incorporated or Qualified 09/13/1977	3a. Date of Last Report 06/21/1995
Principal Pla	ace of Business		Mailing Address		4. FEI Number	Applied For
Suite, Apt.	, etc.	26	Suite, Apt. #. etc.		59-1764492 5. Certificate of Status Desired	Not Applicable \$8.75 Additional
Orty & State	•·····································	[27]	City & State		Gentificate of Status Desired Election Campaign Financing	Fee Required
7		28		,	Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	25 25 25 25 25 25 25 25 25 25 25 25 25 2	29 iress of Current Registe	Zip ered Agent	Country 30	8. This corporation has liability in Florida Statutes 10. Name and Address of New F	: 🔲 No
DEICC	IAMPO			81 Name		
	. James I.E. 213 Terrace			82 Street Add	lress (P.O. Box Number is Not Acceptat	ole)
	FL 33180			63	* ************************************	\$1.5k
MIAMI	a the provisions of So	ctions 607,0502 and €07	.1508, Florida Stalutes	84 City	oration submits this statement for the pu	FL 85 Zip Code
MIAMI Pursuant to or registere familiar with	o the provisions of Se od agent, or both, in t h, and accept the obt	ctions 607,0502 and 607 he State of Florida. Such gations of, Section 607.0 he of registered agent and the it a OFF IOFRS AND DIRECT	change was authorize 505, Florida Statutes washir	84 City		rpose of changing its registered offic ordered as registered agent. I am 4 30 9 6 DATE
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE FOR DECTOR