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PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State

	1996	600 W1	105/	DIVISION OF	CORPO	RATIONS				
Corporation	. ,			(3)						
BARWI	ICK, DILLIA	N & LAMBERT,	P.A.							
incipal Place	of Business		N	failing Address						
9636 N.E. 2 AVENUE SUITE C MIAMI SHORES FL 33138			9636 N.E. 2 AVENUE SUITE C MIAMI SHORES FL 33138							
							3. Date Incorporated or Qualified 01/03/1978	3a. Date o 02/	1 Last R 20/19	
Principal Pla	ace of Business	3		. Mailing Address			4. FEI Number			Applied For
Suite, Apt. #	#, etc.		26	Suite, Apt. #, etc.			59-1786386			Not Applicable
			27	Conto, ript. II, otc.			5. Certificate of Status Desired			Additional Required
City & State	·		28	City & State			6. Election Campaign Financing		\$5.0	D May Be
Zip		Country	20	Zip	Co	ountry	Trust Fund Contribution 8. This corporation has liability for			to Fees
	25		29		30		Fiorida Statutes X Yes	S □ No		
	9. Name ar	nd Address of Curre	nt Regis	stered Agent		81 Name	10. Name and Address of New I	Registered Ag	ent	
BARWIC	K, HOWARD	F.								
	101ST STR					82 Street Add	dress (P.O. Box Number is Not Acceptal	ole)		
MIAMI S	HORES FL 3	3138				83				
						84 City			85 Zu	Code
O registere	ou agent, or bu	ALL, ILLUID GLACE OF FIOR	ıva. Suçi	ii change was authoriz	eo by the	ove-named corporation's box	oration submits this statement for the pu ard of directors. I hereby accept the app	FL rpose of chang ointment as re	jing its r gistered	egistered offi agent. I am
familiar witl	h, and accept t	the obligations of, Sectional range of registered agent	tion 607.	orplicable (NC	ed by the	corporation's boards	ard of directors. I hereby accept the app	rpose of chang cointment as re-	gistered 	agent. I am
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D NAME OF SIGNING OFFICER OR DIRECTOR