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 DOCUMENT #

Suite, Apt. #, etc

22

564548

(6)

Suite, Apt. #, etc

rincipal Place of Business	Mailing Address		
2320 NW 147 ST	2320 NW 147 ST		
MIAMI FL 33054	Miami Fl 33054		

27

City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζiρ Country Zω Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DORMOY, ERIC 82 Street Address (P.O. Box Number is Not Acceptable) 2320 NW 147 ST MIAMI FL 33054 83 City 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 agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0506, Florida Statutes.

SIGNATURE	graters, typical or printed many of registered agent an	One Francis No.	The first term of A source and a source and	C. C	DATE	
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHA		ANGES 10 OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	☐ DELETE	1 1 TITLE	7.00110110 017110	Change	Addition
NAME	DORMOY, ERIC		1.2 NAME		_ ,	
STREET ADDRESS	2320 NW 147TH ST		1.3 STHEET ADDRESS			
CITY-SI-ZIP	OPA ŁOCKA FL		1.4 CITY - ST - 7IP			
TIFLE		☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME		_	2.2 NAME		<u></u> •	_
STREET ADDRESS			2.3 STREET ADDRESS			
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NAME		_	3.2 NAME			
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CiTY+ST-ZIP			34 CITY - ST - Z-P			
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STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 C(TY - ST - 7)P			
TITLE		DELETE	5 1 TiTLE		Change	Addition
NAME		_	5.2 NAME			
STHEET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP			5.4 City - ST ZIP			
TITLE		DELETE	6 1 TITLE		Change	Addition
NAME			6.2 NAME		L	
STREET ADDRESS			6.3 STREET ADDRESS			
CITY - ST - ZIP			6 4 CITY - ST - 7IP			

14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119,07(3)(b). Florida Statutes. I further certify that the information indicated by this Grinual report of 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 obser or director of the corporation or this receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Prock 12 or Block 12 trenanged, or for the appears in Prock 12 or Block 12 trenanged, or for that it is nearly mineral with an address.

SIGNATURE!

MONATURE AIND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR MOY A PRIL 15 96 305 688 92 11

CR2E034 (12/95)

 Date Incorporated or Qualified 12/19/1977

59-1785206

5. Certificate of Status Desired

4. FEI Number

3a. Date of Last Report

08/03/1995

Applied For

\$8.75 Additional

Fee Required

Not Applicable