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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sondra B. Mortham Secretary of State

1996 DOCUMENT # 6012			DIVISION OF CO		ONS		
		601206	(6)				
	N, PIPES, ROS	2C DA					
GINOI	ii, FIFLO, NO)), F.A.				(1 98 (1 8 6 (184 6 3 18 6) 3 18 6 (188 6 6	1110
Principal Place o	of Business		Mailing Address		·		
651 EAST 25TH STREET			651 EAST 25TH ST	TOFET			
HIALEAH FL 33013			HIALEAH FL 33013				
						3. Date Incorporated or Qualified	3a. Date of Last Report
			- 14 7 Addison			07/09/1969 4. FEI Number	04/07/1995
Principal Place of Business 21			2a. Mailing Address 26			59-1267398	Applied For Not Applicable
Suite Apt. #	, etc		Suite, Apt. #, etc			5. Certificate of Status Desired	\$8.75 Additional
22			27				Fee Required
Oit, & State			City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Co	untry	Ζφ	Country		8. This corporation has liability for	
24	25	idress of Current Re	29	30		Florida Statutes	No No
	g, Maine and A	diess of Current Re	gistered Agent	81	Name	10. Name and Address of New F	radiziaian wdaur
ATRIUM	REGISTERED /	AGENT INC		82	Street Ada	dress (P.O. Box Number is Not Acceptate	tile)
1500 SAN REMO AVE STE 125 CORAL GABLES FL 33146						THE COLUMN TWO IS NOT	
				83			
CUHAL	GABLES FL 33	146		84	City		FL 85 Zip Code
11. Pursuant to	the provisions of S	Sections 607,0502 and	607.1508, Florida State	utes, the above r	named corpo	pration submits this statement for the pulled of directors. Thereby accept the app	· —
or registere familiar with	id agent, or both, in it, and accept the o	i the State of Florida a bilgations of, Section (such change was author 107 0505, Florida Statuti	nzed by the corp es.	oration s Doa	ard of directors. I hereby accept the app	iointment as registered agent. I am
SIGNATURE.	sturiativos turenteu probed.	name of registered agreet and t	Sortaunidas A	NuTE Risjeterad Apir	Estimatore record	os liveben nanchalman	DATE
12.	7	OFFICERS AND DE		13.			FICERS AND DIRECTORS IN 12
TI"(E	PD		☐ DELETE	1 1 TITLE			Change Addition
NAME	FASBINDER,			1.2 NAME			
STREET ADDRESS	651 E 25TH HIALEAH, FI			1.3 STREE!	į.		
TITLE	STD	. 00000	DELETE	14 CIFY-S 2 * TITLE	il - (IP)		Change Addition
NAME	SCHLAFF, Z	ACHARY M	(_)	2.2 NAME			_ crongs _ room on
STREET ADDRESS	651 E 25TH			2.3 STHEET	ADDRESS		
CITY ST ZIP	HIALEAH, FI	00000		2.4 CITY - S	I-ZI2		
TIGE	VD		DEFETE	3 1 THLE			Change Addition
NAME	MENDEZ, DA			3.2 NAME			
STREET ACCORESS	651 E 25TH HIALEAH, FI			33 STREE			
CITY-ST ZIP TITLE	MALEAN, FI	. 0000	DELETE	3.4 CITY - S 4.1 TITLE	11-715		Change Addit on
NAME			_	4.2 NAME			
STREET ADDRESS				4.3.STHEET	ADDRESS		
CICa - ST - ZiP				4.4 CITY - S	il - ZIP		
111.E			DE LETE	5 1 THILE			Change Addition
NAME				5.2 NAME	4200000		
SIRRET ACTURESS				5.3 STREET 5.4 CHTY - S			
CIETEST-7IP TiPuE			DELETE	5.4 CHY-S	11 - L1r		Change Addition
NAMe			_	6.2 NAME			_ ,
STHEE! ADDRESS				63811411	ADDRESS		
01'x \$1-21P				6.4 CHY-S			
14. Ldo hereby	certify that the info	rmation supplied with	tnis filing is voluntarily fu	mished and doe	s not quality	for the exemption stated in Section 119	i.07(3)(k), Florida Statutes. I further

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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; that I am an officer or director of the componention or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTER NAME OF SIGNING OFFICER OR DIRECTOR

1-76-96

(30,7)25-4720

3R2E034 (12/95)