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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

141

IUIIUIII	in Brothe	RS, INC.										
Principal Place o	of Business	Acres 1907 - 1907 - 1907 - 1907 - 1907 - 1907 - 1907 - 1907 - 1907 - 1907 - 1907 - 1907 - 1907 - 1907 - 1907 -	Ma	ailing Address		VI WIN 10-		CHANNA BIRLIAN	E 01338 31941 1940		11 81811 6151	01819 B1811 881
1835 PURDY AVENUE Miami BCH FL 33139				1835 PURDY AVENUE Miami BCH FL 33139								
								3. Date Incorporate 01/10/1979			of Last F 8/10/19	
2. Principal Plac	ce of Business		2a.	Mailing Address				4. FEI Number		_1		Applied For
1			26					59-18746	54			Not Applicable
Suite, Apt. #.	, olc.		1	Suite, Apt. #, etc.				5. Certificate of State	us Desired			5 Additional Required
City & State			27	City & State				6. Election Campaig	n Financing			00 May Be
3			28	,				Trust Fund Contr	bution		Add	ed to Fees
Zip		Country		Ζip	F	untry		B. This corporation			ax under s	199.032,
<u> </u>	25	d Address of Curr	29	lared Agent	30			Florida Statutes 10. Name and Add	Yes		Agent	
	y, Name and	Address of Cull	ent negis	tered Agent		81	Name	10. 110.110 0.10				
TURCHIN, ROBERT L. JR.							Stroot Add	ress (P.O. Box Number is Not Acceptable)				ALALA CAPITATION
	RIDIAN AVE						Street Addi	ess (1 . 0. Exp. 110 . 100 . 1				
MIAMI BO	CH FL 33140					83						
						84	City			F1	85 2	ip Code
	41	4.0-12-1-007.05		7 1500 Florido Pto	Lutor the el		omed corns	ration submits this stater	vent for the n	FL roose of ch	ancina ite	registered offic
11. Pursuant to or registers	o the provisions ed agent, or bot	or Sections 607.05 h. in the State of Ek	NUZ BNO BU Jarida, Suel	77. 1506, Florida 51a	unes, me ac	JOVE-11	апва согра	alor Submits the State	ecept the ann	pose of a	s registere	id agent. I am
or registere		TI IT THE CHARGE OF THE	Onua. Octo	n change was autho	onzea by the	corpo	oration's boa	ra of airectors. I hereby a	tocopt the upp			
familiar with	h, and accept the	e obligations of, Sa	action 607.	n change was autho .0505, Florida Statu	tes.	corpo	oration's boa	ration submits this stater ind of directors. Thereby a	iccept the upp			
OLONIATE IDE						corpo	oration's boa	ing of airectors. I hereby and when reinstating)		DATE		
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SIGNATURE _	Signature, typed or pr	inted name of regulational all OFFICERS A	pentiars the if	apylicable	(NOTE: Hag ster	ed Agent	oration's boa	ad when reinstaling)		DATE		ORS IN 12
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Robert L. Turchia, Jr. 4/29/96 305/531-8411