CORF ANNU/	PROFIT CORPORATION ANNUAL REPORT <b>1996</b>			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				
DOCUN 1. Corporation I TELCO		632921		(3)				
hincipal Place of Business Ma 4341 NW 19TH AVENUE POMPANO BEACH FL 33064 US				4341 NW 19TH AVENUE POMPANO BEACH FL 33064			3. Date Incorporated or Qualified 3a. Date of Last Report	
2, Principal Plac	e of Business		2a. Mailing Addr	ess			08/16/1979     02/10/1995       4. FEI Number     Applied For	
1] Suite, Apt. #,	elc.	2	6 Suite, Apt. #	, etc.			59-1939248 Not Applicable 5. Certificate of Status Desired \$8.75 Additional	
2 City & State	······	2	7 City & State				6. Election Campaign Financing \$5.00 May Be	
	<u> </u>	2 untry	- n - <sup>-</sup>	T	Country	· · · · · · · · · · · · · · · · · · ·	Added to Fees   6, This corporation has kability for intangible tax under s 199.032,	
Zip 1	25	2	9	3	·~		Florida Statutes 🖉 Yes 🔲 No	
	9, Name and Ad	Idress of Current Re	gistered Agent		81	Narne	10. Name and Address of New Registered Agent	
5999 N PARKL	SANDRO, GIOV W 62 TERR AND FL 33064	octone 607 0502 and	607 1508 Floric	a Statutes	82 83 84	City	Address (P.O. Box Number is Not Acceptable)       FL     85     Zip Code       orporation submits this statement for the purpose of changing its registered office     Provide the statement office	
or registera famil:ar with SIGNATURE	d agent, or both, in and accept the o	the State of Florida, S bligations of, Section 6	uch change was 07.0505, Florida	authorized I Statutes.	by the corp	ioration's	board of directors. I hereby accept the appointment as registered agent. I am	
I <b>2.</b> HUF AME STR-ET ADDRESS	PARKLAND FL S D'ALESSANDRO, FRANCESCO 3101 PORT ROYALE BLVD #128		RECTORS	ETE	13. 1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ein - St-ZP Tur Iame Ibge Faddress				ĒTE			2342 NE 25 St. Light house point, FL	
DITY - ST ZIP TITLE VANK STREET ADDRESS			DEI	ETE	3 1 111LE 3 2 NAME	T ADDRESS	Olindo D'Alessonaro	
HEV-ST-ZIP THE IAME TREFT ADORESS			[]] DEI	LETE	4 1 TITLE 4 2 NAME	T ADDRESS	Change Addition	
CITY ST ZIP TITLE VAM: STREET ADDRESS			DE DE	LETE	5. 1 TITLE 5.2 NAME 5.3 STREE	T ADDRESS	Change Addition	
ony-st-z.p one name street address ony-st-zip					6 4 C(TY -	T ADDRI.SS ST - Zip	Change Addition	
14 I do bereta	certify that the info	rmation supplied with	this ling is volun	tarily furnish	ed and do	es not qu	ality for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further occurate and that my signature shall have the same legal effect as if made under	