FILE	NOW:	FILING	FEE	AFTER	MAY	1	IS	\$225.00)
	OCT.		and the same						

PROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

863808

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1. Corporation	R ELECTRONIC SERVICE	(-)		A MARKAR BANGA BUKAR AUKAR AUKAR AUKAR KAWA KAWA BURUN BURUN BURU	i dulu dian ahin dian ladi		
Principal Plac	e of Business	Mailing Address					
7317 W.FLAGLER STREET MIAMI FL 33144		7317 W.FLAGLER STR MIAMI FL 33144	EET				
2 Principal D	None of During				of Last Report 1/20/1995		
Principal Place of Business Out to American Street		2a. Malling Address 26		4. FEI Number 59-1964932	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		Crty & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip [29]	Country 30	8. This corporation has liability for intangible tax	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No		
	9. Name and Address of Co	urrent Registered Agent		10. Name and Address of New Registered A	gent		
			81 Nam				
	er, aaron W. W 183RD ter.		82 Stree	et Address (P.O. Box Number is Not Acceptable)			
MIAMI I	FL 33157		83				
			84 Crty	FL	85 Zip Code		
SIGNATURE			s, the above-named ad by the corporation	corporation submits this statement for the purpose of changes board of directors. I hereby accept the appointment as re	ging its registered office ogistered agent. I am		
	Signature, typed or printed name of registered		L: Registered Agent signatur	e required when reinstating) DATE			
12. 1111.6		S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 12		
NAME	STD PUTT	☐ DELETE	1. 1 THLE		Change 🔲 Addition		
	KRIEGER, RUTH		1.2 NAME				
STREET ADDRESS CITY-ST-ZIP	9321 S W 183 TERR MIAMI FL		1.3 STREET ADDRESS		Í		
TITLE	PD PD	☐ DELETE	1.4 CITY-ST-ZIP				
NAME	KRIEGER, AARON W	רו מבנבוג	2 1 TITLE		Change		
STREET ADDRESS	9321 S W 183 TERR		2 2 NAME				
CITY-ST-ZIP	MIAMI FL		2.3 STREET ADDRESS				
TITLE	THE WILL I	[] DELETE	2.4 Crity-ST-ZIP 3.1 Title				
NAME			3.2 NAME		Change Addition		
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE		Change D Addition		
NAME			4.2 NAME	ļ	Change Addition		
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE		☐ Decete	5 1 TITLE		Change Addition		
NAME			5.2 NAME		J. (2)		
STREET ADDRESS			5.3 STREET ADDRESS				
CiTY-ST-ZIP		- 11 M	5.4 CITY - ST - ZIP				
TITLE		☐ DELETE	6. 1 TITLE		Change Addition		
NAME			6 2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS		-		
14. I do hereby	certify that the information suppli	od with this flice is vehicled. A	6 4 CITY-ST-ZIP		ļ		

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 appears in Block 12 or Block 3 if changed, or on an attachment with an address. SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

District Phone & Distri

SIGNATURE: