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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

663768 **DOCUMENT #**

(0)

Principal Place of Business Mailing Artd eas 255 ALHAMBRA CIR SUITE 550							
S550 CORAL GABLES FL 33134 US		CORAL GABLES FL 33134		3. Date Incorporated or Qualified 01/16/1980	3a. Date	of Last 4/27/1	
	2a. Mailing Address			4. FEI Number			Applied For
Principal Place of Business	26			59-1962904		60	Not Applicable 75 Additional
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			ee Required
City & State	City & State			6. Flection Campaign Financing Trust Fund Contribution			.00 May Be
]	28	-r		8. This corporation has liability for	ıntangible t		
Zip Country	Zip	Country		Florida Statutes	s LINO		
25	29	30		10. Name and Address of New	Registered	Agent	
9. Name and Address of	Current Registered Agent	81	Name				
PERIOTER C TROY III		82	Stroot Addi	ress (P.O. Box Number is Not Accepta	ible)		
REGISTER, G. TROY, III 255 ALHAMBRA CIR		62 Silied Au					
S550		83					
CORAL GABLES FL 33134		84	City			85	Zip Code
11. Pursuant to the provisions of Sections 6	507.0502 and 607.1508, Florida Statute e of Florida Such change was authoriz	es, the above n		oration submits this statement for the pard of directors. I hereby accept the ap	urpose of classification		its registered of ered agent. I am
 Pursuant to the provisions of Sections 6 or registered agent or both, in the State familiar with, and accept the obligations 	of, Section 607,0505, Florida Statutes	es, the above-need by the corpo	named corpo oration's boa		urpose of objectinent a	nanging as regist	
Pursuant to the provisions of Sections 6 or registered agent or both, in the State familiar with, and accept the obligations SIGNATURE Signaline typodox productions of feets	of, Section 607,0505, Florida Statutes	es, the above need by the corposition Buisters April 13.	named corpo oration's boa		urpose of objectinent a	nanging as regist	CTORS IN 12
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14. 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 certify that I am an officer or director of this corporation or the receiver or trusted 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 64 CITY - ST - ZIP

5 4 CHY - ST - ZIF

6.3 STREET ADDRESS

6 1 TITLE

62 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY - S1 - ZIP

TITLE

NAME

SIGNATURE AND PEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

☐ Change ☐ Addition