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

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNUA 1	DHATION IL REPORT 996	Sandra B. M. Secretary of DIVISION OF CO	of State		
DOCUM 1. Corporation N KENDAI		• • • • • • • • • • • • • • • • • • • •			- 110 Audu Babu Babu Babu Babu Babu Babu
(101101					
Principal Place o	f Business	Mailing Address			M FIRI AIRFI NIMII AINII AINII AFAII AIRII FONF
10461 S.W. 186TH LANE 10461 S.W. 186 MIAMI FL 33157 MIAMI FL 3315					
				3. Date Incorporated or Qualified 09/26/1980	3a. Date of Last Report 02/27/1995
Principal Plac	e of Business	2a. Mailing Address		4. FEI Number 59-2039969	Applied For Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip	Country		s □No
<u> </u>	9. Name and Address of Curren			10. Name and Address of New	Registered Agent
			81 Name		
RIST, KA			82 Street Add	dress (P.O. Box Number is Not Accepta	ble)
18014 S.W. 83RD COURT			83		
MIAMI FL 33157					85 Zip Code
			84 City		FL 85 Zip Code
or registere familiar with SIGNATURE	the provisions of Sections 607.0502 dagent, or both, in the State of Florich, and accept the obligations of, Sectional accept the obligations of Sectional Research Syndries, typed or printed name of registered agent	ion 607.0505, Florida Statutes.	Registered Agent signature requir	oration submits this statement for the prairie and of directors. I hereby accept the appared when renstating?	DA ³ E
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12 Change
TITLE	PD	☐ DELETE	1 1 TITLE 1.2 NAME		
NAME	RIST, KARSTEN 18014 S.W. 83RD COURT		1.2 NAME 1.3 STREET AUDRESS		
STREET ADDRESS	MIAMI FL		1.4 CITY - ST - ZIP		
CITY-ST-ZIP TITLE	VD VD	☐ DELFTE	2 1 TITLE		Change Maddition
NAME	RIST, CAROL		2 2 NAME		
STREET ADORESS	18014 S.W. 83RD COURT		2.3 STREET ADDRESS		
C:TY-ST-ZIP	MIAMI FL		2.4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE	ST	☐ DELETE	3 1 TITLE		CT stands CT Addition
NAME	RIST, CAROL		3 2 NAME		
STREET ADDRESS	18014 S.W. 83RD COURT		3.3 STHEET ADDRESS		
CITY-S1-ZIP	MIAMI FL	DELETE	4.1 Tillf		Change Addition
TITLE		<u>_</u>	4.2 NAME		
NAME STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST- ZIP		
TITLE		☐ DELETE	5. 1 TITLE		Change Additio
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY - ST - ZIP		Change Addition
TITLE		DELETE	6 1 TUTLE		□ cuande □ vocum
MING	Į.		6.2 NAME		

14. If 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 the corporation 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.

6.3 STREET ADDRESS

6.4 CITY - ST - 71P

SIGNATURE: _

NAME

STREET ADDRESS

Caral Rist CAROL RIST SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96 305/238-2864

CR2E034 (12/95)