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

**PROFIT** CORPORATION ANNUAL. REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

(9)

DOCUN 1. Corporation DYE-F		24 (9)			1408/18 0/101 40/101 100/1 40/10 140/1		)  <b>                                     </b>	
Principal Place	of Bueinace	Mailing Address		· · · · · · · · · · · · · · · · · · ·				
960 W 84TH ST 960 W 84TH ST								
HIALEAH FL		HIALEAH FL 33014						
					3. Date incorporated or Qualified 06/23/1981	3a. Date of Last R 05/01/19		
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For	
21		26			59-2115918		Not Applicable	
Suite, Apt. #, etcSuite, Apt. #, etc						Additional Required		
City & State		City & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip	Country	Zip	Country	 /	8. This corporation has liability for in			
24	25 29 30			Florida Statutes 🔀 Yes 🗌 No				
	g. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Re	egistered Agent		
GROSSMAN, REGINA				Street Add	Street Address (P.O. Box Number is Not Acceptable)			
960 W 84TH ST			83					
HIALEA	NH FL 33014							
			84	City		FL B5 Zi	o Code	
11. Pursuant to	o the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above-	named corpo	ration submits this statement for the purp	nose of changing its	egistered office	
or registere familiar wit	ed agent, or both, in the State of Fibr h, and accept the obligations of, Sec	icia. Such change was authorize ition 607.0505, Florida Statutes.	d by the corp	oration's boa	and of directors. I hereby accept the appo	intment as registered	agent. I am	
SIGNATURE	Signature, typod or printed name of registered ager	Lenci title if are deserving (AliC)	F. Floristered Ans	and Sennahara neonaira	ed when reinstating)	DATE		
12.		ND DIRECTORS	13.	a to ogracio roda e	ADDITIONS/CHANGES TO OFFI		RS IN 12 Addition	
TITLE	Р	DELETE 1.1			☐ Change ☐ Additi		Addition	
NAME	GROSSMAN, REGINA		1.2 NAME					
STREET ADDRESS	960 W 84TH STREET		1.3 STREE	T ADORESS			ļ	
CITY-ST-ZIP			1.4 CITY -					
TITLE	V	DELETE	2 1 TITLE	ľ		☐ Change	Addition	
NAME			2.2 NAME					
STREET ADDRESS	•••			T ADDRESS				
CITY-ST-ZIP			2.4 CITY- 3. 1 TITLE			Change	Addition	
TITLE NAME	<del>_</del>		3. 1 131LE	l		ogo		
STREET ADDRESS			. I	ET ADDRESS				
CITY-SY-ZIP			3.4 CITY-					
TITLE			4. 1 TITLE			Change	Addition	
NAME			4.2 NAME				Ì	
STREET ADDRESS			4.3 STREE	T ADDRESS			Į	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE	<del></del>		5. 1 TITLE	1		Change	Addition	
NAME			5.2 NAME	ĺ				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			5.4 CITY -			☐ Change	Addition	
TITLE	<del></del>		6. 1 TiTLE 6.2 NAME			Lit Shange	L.J , losino i	
NAME expect anothere				ET ADDRESS				
STREET ADDRESS	j			i i				
City-St-ZiP	y certify that the information supplied	with this filing is voluntarily furn	64 CITY- ished and do		for the exemption stated in Section 119.	07(3)(k), Florida Statu	tes. I further	

rob nereby certify that the information supplied with this filing is voluntarily turnished 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 eath; 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.

SIGNATURE: DAMA JANSMAN SIGNATURE: DAMA JANSMAN OF SIGNING OFFICER OR DIRECTOR