NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

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234 ANTIQUERA, #8 CORAL GABLES FL 33134 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617,0502, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SPEAR, by did or private target and time is equiculate. PASCA LIA, DAVID 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. LIA, DAVID 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. LIA, DAVID 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. 15. THE PASCA LIA, DAVID 15. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 17. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGES TO OFFICERS AND							"	name					
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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													
		y certify that the	ADLES FL e information supplied	with this	filing is voluntarily fur	nished ar	a city-\$1 nd does	not qua	lify for	the exemption stated in Sec	tion 119.07/	3)(k), Florida Statu	tes. 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 oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: NONATURE AND THE OR PRINTED NAME OF SIGNIAND O

7eb. 22/96 567-9709