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NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

727260

(2)

Principal Place of Business Mailing Address 7900 RED ROAD 7900 RED ROAD 81. 11 MIAMI FL 33143 US 1. Corporation Name Mailing Address 7900 RED ROAD 57. 11 MIAMI FL 33173 US			11					
					3. Date Incorporated or Qualified 08/27/1973		te of Last 04/12/1 9	
·	Place of Business	2a. Mailing Address			4. FEI Number 59-1479657	L		Applied For
Suite, Apt	#. etc	Suite, Apt. #, etc.			33 1413031			Not Applicable
22	., 0.0	27			5. Certificate of Status Desired			Additional Required
City & Stal	te	City & State			6. Election Campaign Financing			0 мау Ве
23		28			Trust Fund Contribution			d to Fees
Zφ	Country	Zipi	Country	У	8. This corporation has liability for			199.032,
24	25 9. Name and Address of Curre	nt Registered Agent	30		Flonda Statutes 10. Name and Address of New	Yes Peoistered (
			81	Name	10. Hame and Address of Her	negistered A	-gont	
SEYMOUR, THOMAS			82	Street A. L.	L (P.O. Box N. mihor is Not Assenta	deta)		
	NACHWALTER & SEYMOUR, P.A			Conect Main	Fees (P.O. Box Number is Not Acceptable)			
	WARD BALL BLDG.,100 CHOPIN	PLZ.	83	3				
MIAMI F	FL 33131		84	City		FL	85 Z ₁	Code
or registe familiar w	to the provisions of Sections 617,050: red agent, or both, in the State of Flor rith, and accept the obligations of, Sec	ida. Such change was authoriz	zed by the cord	named corpor poration's boa	ration submits this statement for the purific of directors. Thereby accept the app	urpose of chai pointment as :	nging its ri registered	agent. Lam
or registe	red agent, or both, in the State of Flor ith, and accept the obligations of, Sec Source the or personal are OFFICERS AN	IGA Such change was authorize tion 617,0503, Florida Statute: classific Laggicaline (% ID DIRECTORS	zed by the cord	poration's bija	ard of directors. I hereby accept the app	pointment as . DATE	registered	agent. I am
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certify that the information inclinated 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 early, 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 12 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96

(305)663-4498 Daytine Phone #