	CORPO ANNUAL 19	PRATION REPORT 96	Sand Sec DIVISION (EPARTMENT OF STATE dra B. Mortham Cretary of State OF CORPORATIONS		
	DOCUME I.: Corporation Name	ne	(- <i>i</i>			
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	rincipal Place of Bu		Mailing Address			
Ĭ	3500 CHARLES AVE MIAMI FL 33133-571	MUE 4	3500 CHARLES AVEN MIAMI FL 33133-5714	ÚE .		118 1811 A(A11 \$181) A1811 A1811 A1811 A1811 IA
					Date Incorporated or Qualified	A Date - Class Demand
21	Principal Place of	Business	2a. Mailing Address		06/26/1974 4. FEI Number	3a. Date of Last Report 04/28/1995
	Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0212093	Applied For Not Applicable
_	City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional
23	Zip	Country	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
24		Country 25	Zip 29	Country 30	Trust Fund Contribution 8. This corporation has liability for Eleving Statutes.	Added to Fees
		lame and Address of Curren	nt Registered Agent		Florida Statutes 10. Name and Address of New Re	LYes I INC
ļ	SCOTT, (ALS)	TON J., SR.)		81 Name		
	3318 FRÓW A MIAMI FL 331:	IVENUE 133		<u> </u>	ddress (P.O. Box Number is Not Acceptable	(e)
		30			· · ·	
				83 City		
11.	Pursuant to the pro	ovisions of Sections 617,0502	Lond 617 1608 Florida Statut	84 City		85 Zip Code
11.	Pursuant to the pri office or registered agent. I am familia	ovisions of Sections 617.0502 1 agent, or both, in the State c r with, and accept the obligat	2 and 617.1508, Florida Statute of Florida. Such change was a titions of, Section 617.0503, Flo	84 City	rporation submits this statement for the pur tion's board of directors. I hereby accept t	Pose of changing its registered
SIGN	NATURE	typed or printed name of registered agent	nt and title if applicable. (NOT	84 City tes, the above-named corporate authorized by the corporatorida Statutes.	•	PL 85 Zip Code pose of changing its registered he appointment as registered
SIGN 12. TITLE	Signature, o	typed or printed name of registered agent OFFICERS AND	nt and title if applicable. (NOTI	tes, the above-named corporate authorized by the corporatorida Statutes. TE Registered Agent signature required.	uired when reinstating)	Date:
12. TITLE NAME	Signature o	typed or printed name of registered agent OFFICERS AND	nt and title if applicable. (NOT	tes, the above-named corporate authorized by the corporatorida Statutes. TE Registered Agent signature requires.	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	Date:
12. TITLE NAME	PD SCC 331	OFFICERS AND OFFICERS AND OTT, ALSTON J. 8 FROW AVE	nt and title if applicable. (NOTI	84 City tes, the above-named corporate or authorized by the c	ADDITIONS/CHANGES TO OFFICE MARTIN, REYNOLD 6201 S.W. 61st St	DATE ERS AND DIRECTORS IN 12 XX Change
12. TITLE NAME STREET CITY-ST	Signature is Signature is Signature is SI-ZIP PD SCC 3318 MIAI	OFFICERS AND OFFICERS AND OTT, ALSTON J. 8 FROW AVE MI FL 33133-5007	nt and title if applicable. (NOTI	84 City tes, the above-named corporate orical statutes. TE Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTORS IN 12 XX Change
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