	ONPROFIT RPORATION IUAL REPORT <b>1996</b>		Sandra Secreta	RTMENT OF STATE B. Mortham ary of State CORPORATIONS				
	Un Name	769433	(4)					
	es for south	FLORIDA, INC.		·····				
	ce of Business KELL AVENUE, SUITE 27 13131	0 1:	iling Address 390 BRICKELL AVENUI AIAMI FL 33131	e. Suite 270	, inning ska	UP111 10191 01900 11701	# 4031 #1818 81831 8781	IE DIOIS OLUIS BARIE ADER
					3. Date Incorporat 07/18/19		3a. Date of 04/2	Last Report 26/1995
Principal P	Place of Business	2a. 26	Mailing Address		4. FEI Number 59-2307	693		Applied For
Suite, Apt.	, #, etc.		Suite, Apt. #, etc.		5. Certificate of St			Not Applicable 3.75 Additional Fee Required
City & Stat		28	City & State		<ol> <li>Election Campa Trust Fund Con</li> </ol>	tribution	<i>/</i>	5.00 May Be Added to Fees
Zip	25 9. Name and Add	29 ress of Current Registe	Zip erad Agent	Country 30	B. This corporation Florida Statutes     10. Name and Add	[	Yes 🗹 No	
				81 Name			Sistered Aftern	L
	IARIE A			82 Street	Address (P.O. Box Number	is Not Acceptable	ə)	
	RICKELL AVENUE, S	SUITE 270						
MAMI	FL 33131			83				
MAMI	FL 33131			84 City			85	Zip Code
		tions 617.0502 and 617.	.1508, Florida Statutes	84 City	orporation submits this state	ment for the purp	FL 85	
<ul> <li>Pursuant or register</li> </ul>	to the provisions of Sateria	ctions 617.0502 and 617 he State of Florida. Such a gations of, Section 617.0	.1508, Florida Statutes change was authorize 503, Florida Statutes.	84 City	orporation submits this state board of directors. I hereby	ment for the purp accept the appoi		
<ul> <li>Pursuant or register</li> </ul>	to the provisions of Sec ered agent, or both, in th vith, and accept the obli	ctions £17.0502 and 617. The State of Florida. Such is gations of, Section 617.00 re of registered agent and the Flop	oos, Fionda Statules.	84 City		ment for the purp accept the appoi		
Pursuant or registe familiar w GNATURE	to the provisions of Sea ared agent, or both, in th ith, and accept the oblin Signature, typed or printed nea		plicable. (NOT)	84 City s, the above-named c d by the corporation's E: Registered Agent signature 13.	required when reinstaling	ment for the purp accept the appoi	DATE DATE DATE	its registered office ered agent. I am CTORS IN 12
<ul> <li>Pursuant or registe familiar w</li> <li>GNATURE</li> </ul>	to the provisions of Sec ared agent, or both, in th ith, and accept the oblic Signature, typed or printed ner ED	ne of registered agent and tile if ap		84 City s, the above-named c d by the corporation's E: Registered Agent signature 13. 1.1 TIFLE	required when reinstaling		PL ose of changing ntment as regist	its registered office ered agent. I am CTORS IN 12
Pursuant or registe familiar w GNATURE	to the provisions of Ser ared agent, or both, in th ith, and accept the oblic Signature, typed or primed ner ED LEE, MARIE A	of regi≷tered agent and the f ap OFFICERS AND DIRECT		84 City s, the above-named c d by the corporation's E: Registered Agent signature 13.	required when reinstaling		DATE DATE DATE	its registered office ered agent. I am CTORS IN 12
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