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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT #

1. Corporation Name 813939 (6)

THE	KEYSTONE	PMGA	INC.
IHE	KEISIUNE	MUINO.	IIIO.

THE REISTONE ATMOUNTS						
incipal Place of Business	Mailing Address					
3105 IXORA COURT	13105 IXORA COURT		•			
PO BOX 108	PO BOX 108 N MIAMI FL 33181-2317		6 Data has sented as Auditor	3a. Date o	Last Rer	xort
MIAMI FL 33181-2317	IS MINMI IT ONIO! TOIT		<ol> <li>Date Incorporated or Qualified 10/05/1959</li> </ol>		27/1995	
. Principal Place of Business	2a. Mailing Address		4. FEI Number 59-0882615			lied For Applicable
	Suite, Apt. #, etc.			<b>√</b> \$	8.75 A	dditional
Suite, Apt. #, etc.	27 Soite, Apr. #, ctc.		Certificate of Status Desired		Fee Rec	<u> </u>
City & State	City & State		6. Election Campaign Financing		<b>\$5.00</b> 1 Added to	
	28	Country	Trust Fund Contribution  8. This corporation has liability for in	ntangible tax ur	nder s. 19	
Zip Country	Zip 29	30	Florida Statutes	] Yes 🗶 No		
9. Name and Address of Curr		11	10. Name and Address of New R	egistered Age	nt	
S. Harris and Modern of Con-		81 Name				
HIGGINS, RAYMOND		82 Street Addr	ress (P.O. Box Number is Not Acceptab	ile)		
13105 IXORA CT						
<b>#210</b>		83			35 Zip (	'ode
n miami FL 33181		84 City			1 '	
11. Pursuant to the provisions of Sections 617.05	00 C12 1E00 Dorida Status	tes, the above-named corpor	ration submits this statement for the pur	rpose of chang	ing its reg	istered office
<ol> <li>Pursuant to the provisions of Sections 617.05 or registered agent, or both, in the State of FI familiar with, and accept the obligations of, Se</li> </ol>	orida. Such change was authori	ized by the corporation's boa	ard of directors. I hereby accept the app	iointment as reg	jistered a	gent. Lain
to the mile and accord the obligations of Si	ection 617.0503, Florida Statute	a.				
familiar with, and accept the obligations of						
		NOTE: Registered Agent signature require	eo when reinstating!	DATE LICERS AND D	RECTOR	S IN 12
Signature typed or printed name of registered as	gent and title if applicable (N AND DIRECTORS	NOTE: Registered Agent signature require	eo when ruinstating) ADDITIONS/CHANGES TO OF F	ICERS AND D	RECTOR Change	S IN 12 Addition
SIGNATURE Stgnature typed or printed name of registered as OFFICERS A	gent and title if applicable (N	NOTE: Registered Agent signature require  13. 1.1 TITLE	eo when ruinstating! ADDITIONS/CHANGES TO OFF	ICERS AND D	HECTOR Change	S IN 12 Addition
SIGNATURE Signature typed or printed name of registered as  12. OFFICERS  ITILE DP  ASHCOM, ANDREW	gent and title if applicable (N AND DIRECTORS	NOTE: Registered Agent signature require  13. 1.1 TITLE  1.2 NAME	eo when ruinstating! ADDITIONS/CHANGES TO OFF	ICERS AND D	RECTOR Change	S IN 12 Addition
SIGNATURE  Signature typed or printed name of registered as OFFICERS AT THE PRINTED PR	gent and title if applicable (N AND DIRECTORS	NOTE: Rigistered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	eo when ruinstating! ADDITIONS/CHANGES TO OF F	FIGERS AND D	Change	Addition
SIGNATURE  Signature typed or printed name of registered as OFFICERS.  TITLE  DP  ASHCOM, ANDREW  13.105 IXORA CT.  N MIAMI FL	gent and title if applicable (N AND DIRECTORS	NOTE: Registered Agent signature require  13. 1.1 TITLE  1.2 NAME	so when ruinstating! ADDITIONS/CHANGES TO OF F	FIGERS AND D	RECTOR Change Change	S IN 12 Addition Addition
SIGNATURE Signature typed or printed name of registered as 12.  OFFICERS / DP  NAME ASHCOM, ANDREW 13105 IXORA CT. N MIAMI FL  TITLE D  OFFICERS / DP  ASHCOM, ANDREW  13105 IXORA CT. N MIAMI FL	grint and title if appricable IN AND DIRECTORS	NOTE: Riogistereo Agent signaturo recipire  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	eo when ruinstating! ADDITIONS/CHANGES TO OFF	FIGERS AND D	Change	Addition
SIGNATURE  Signature typed or printed name of registered as 12.  OFFICERS.  TITLE  DP  ASHCOM, ANDREW  13105 IXORA CT.  N MIAMI FL  TITLE  D  NAME  STEINBERG, JAY	grint and title if appricable IN AND DIRECTORS	NOTE: Rigisterica Agent signature recipies  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	eo when ruinstating! ADDITIONS/CHANGES TO OFF	FIGERS AND D	Change	Addition
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Daytime Phone #

4-18-96