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**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

Principal Place of Business  % LESUE AUGUST J. 7400 SW 109 TERR MIAMI FL 33156	PA, P.A.  Mailing Address  % LESUE AUG 7400 SW 109 T MIAMI FL 3315	TERA		3. Date Incorporated or Qualified		e of Last Report
				02/01/1982		e or Last Report 3/07/1995
Principal Place of Business	2a. Mailing Addre	ess		4. FEI Number	± <u>¥</u>	Applied For
Suite, Apt. #. etc.	26 Suite, Apt. #,	etc	- •	59-2153060		Not Applicable
2	27	2.5.		5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State	City & State			6. Election Campaign Financing		\$5.00 May Be
Zip Count				Trust Fund Contribution		Added to Fees
25	29	Country 30	ý	8. This corporation has liability for Elorida Statutes	r intangible ta es    [ ] No	x under s 199.032,
g. Name and Addr	ress of Current Registered Agent			10. Name and Address of New	-	Agent
		81	Name	· · · · · · · · · · · · · · · · · · ·		
AUGUST, LESLIE J		82	Street Add	ress (P.O. Box Number is Not Accepta	able)	
7400 S.W. 109 TERRACE		83	ļ			
MIAMI FL 33156						
		84	City		FL	85 Zip Code
SIGNATURE Signature, typod or printed name	pations of, Section 607,0505, Fiorida S  of registron agent and tilk if application  OF FICERS AND DIRECTORS	withorized by the corp statutes.  (NOTE Bouldward Ages	oration's boai		pointnient as	
SIGNATURE  Signature, typed or pointed name  2. ITLE PSD  AME AUGUST, LESLIE	e of registeren agent and tills if apphracio  OF FICERS AND DIRECTORS  DELET	INOTE Hardward Age  INOTE Hardward Age  13.  IE 1   TILLE   1.2 NAME	oration's boar	rd of directors. I hereby accept the ap	pointnient as DAR HOERS AND	
SIGNATURE  Signature, typed or printed name  2. ITLE  PSD  AUGUST, LESLIE 7400 S.W. 109 T	e of registeren agent and tills if apphracio  OF FICERS AND DIRECTORS  DELET	MOLE Blookered Age  13.  1   TillE	oration's boards specification in a real	rd of directors. Thereby accept the ap	pointnient as DAR HOERS AND	DIRECTORS IN 12
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AME  AME  Signature, typicd or printed name  Signature, typicd or printed name  Signature, typicd or printed name  AUGUST, LESLIE  7400 S.W. 109 T  MIAMI FL  MAME	of registers agent and the fragmann  OF FICERS AND DIRECTORS  DELET  ERRACE	#NOTE Floatined Age  13.  IE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	oration's boards and the specific may be a speci	rd of directors. Thereby accept the ap	pointnient as UAIL HICERS AND	DIRE CTORS IN 12
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SIGNATURE Signature, typicd or printed name  2.  TILE  AME  IREET ADDRESS TIY-ST-ZIP  MIAMI FL  WIREET ADDRESS TY-ST-ZIP  AME  AME  AME  TREET ADDRESS TY-ST-ZIP	of registers agent and the fragmann  OF FICERS AND DIRECTORS  DELET  ERRACE	#NOTE Floatined Age  13.  IE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	oration is boarded at a gradient market and a property of the	rd of directors. Thereby accept the ap	HOERS AND	DIRECTORS IN 12 Change Addition Change Addition
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