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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

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DESIG	Name NERS C	HOICE OF MIAN		96 (2)							
Principal Place	of Business		Mailing Addr	ess			{				HE IDHII BHII (EDI
205 "A" STREET, 3RD FLOOR BOSTON MA 02110		205 "A" S	205 °A" STREET. 3RD FLOOR BOSTON MA 02110								
							3. Date incorporated or 08/12/1993	Qualified		of Last R	
2. Principal Pla	ce of Busin		2a. Mailing A	ddress			4. FEI Number		L		Applied For
1			26				04-2989284				Not Applicable
Suite, Ap:. #	, etc.		Suite, Ap	it. #, etc.			5. Certificate of Status I	Desired			Additional
City & State			27 City & St	ato			E Floation Compaign Fu	nancina			Required
3			28	ale			 Election Campaign Fraget Fund Contribution 	-			O May Be d to Fees
Zip		Country	Zip	1	Country		8. This corporation has		ntangible ta		
4		25	29		30		Florida Statutes	Yes			
	9. Name	and Address of Cur	rrent Registered Age	ent			10. Name and Address	of New Re	gistered	Agent	
					81	Name					
		n h esquire			82	Street Addr	ress (P.O. Box Number is No	t Acceptable	9)		
	W 90TH S	TREET			83						
MIAMI F	FL 33166				63						
					84	City			FL	85 Zi	p Code
11 Purcuant to	a the provie	one of Sections 607.0	602 and 607 1508 FI	orida Statutes	the above-n	amed corpor	ration submits this statement	for the nurr		engino ite i	registered office
familiar with	h and acco			vas authorized	i by the corpo	oration's boar	rd of directors. I hereby acce	ot the appo	intment as	redistered	
SIGNATURE _		pt the obligations of, S	Section 607.0505, Flor	ida Statutes.			rd of directors. I hereby acce	pt the appo	intment as		
SIGNATURE _		pt the obligations of, S or printed name of registered a	Section 607.0505, Flor	ida Statutes.			rd of directors. I hereby acced by the relations of the control of		DATE.		
SIGNATURE	Signature, typied	pt the obligations of, S or printed name of registered a OFFICERS	Section 607,0505, Flor agent and title (Canplicable AND DIRECTORS	ida Statutes.	: Registered Agent		rd of directors. I hereby acce		DATE.		
SIGNATURE	Signature, typed CP LOND	pt the obligations of, S or printed name of registered a OFFICERS ONO, MIGUEL	Section 607.0505, Flor agent and title if applicable AND DIRECTORS	ida Statutes.	Registered Agent		rd of directors. I hereby acce		DATE.	DIRECTO	DRS IN 12
IZ. ITLE	CP LOND 205 */	pt the obligations of, S or printed name of registered a OFFICERS ONO, MIGUEL * STREET 3RD FLO	Section 607.0505, Flor agent and title if applicable AND DIRECTORS	ida Statutes.	• Registered Agent 13. 1.1 TITLE	signaturo respuire	rd of directors. I hereby acce		DATE.	DIRECTO	DRS IN 12
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SIGNATURE 12. ITLE IAME STREET ADDRESS CITY-ST-ZIP ITLE	CP LOND 205 '/ BOSTI	or printed name of registered a OFFICERS ONO, MIGUEL N° STREET 3RD FLOON MA 02110	Section 607.0505, Flor agent and title if applicable AND DIRECTORS OOR	ida Statutes.	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	signaturo require	rd of directors. I hereby acce		DATE CERS AND	DIRECTO	DRS IN 12
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oath; that I am an officer or director of the corporation or the receiver or trustee e appears in Block 12 or Block 13 if changed, or organ attachment with an address

SIGNATURE:

W7 269 6869 Daytime Phone #

CR2E034 (12/95)