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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

| 7  | 996 🔏  | DIVISION OF C  | ORFORATIONS  | _  |  |  |   |
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|  | 1ENT # <b>F950</b>   | 00004154 (9)   |  |  |  |  |   |
| ,  | AL SHELTER CORP.   |  |  |  |  |  |   |
| Principal Place c  | of Business  | Mailing Address  |  | T I I BANG DE HAR I BARA BANA BANA BARAN   | AMIN AMIN MAIN   | 818 <b>4</b> : 11881 0                       | IOIT BYBI 1891  |
| 7433 N.E. 8TH  | TERRACE  | 7433 N.E. 8TH TERRACE  |  |  |  |  |   |
| BOCA RATON   | FL 33487   | BOCA RATON FL 33487  |  | A C . L O . o  | 3a. Date o   | of Leet Por                                  | vort  |
|  |  |  |  | 3. Date Incorporated or Qualified 08/29/1995   | Sa. Date t   | JI Lasi nep                                  | KOR .   |
| 2. Principa: Plac  | oe of Business   | 2a. Mailing Address  |  | 4. FEI Number  |  | _ <del> </del>                               | plied For   |
|  |  | 26   |  | 31-0628683   |  |  | ot Applicable   |
| Suite, Apt. #.   | , etc.   | Suite, Apt. #, etc.  |  | 5. Certificate of Status Desired   |  |  | Additional<br>equired   |
| City & State   |  | City & State   |  | Election Campaign Financing     Trust Fund Contribution                                |  | \$5.00<br>Added                              | May Be<br>to Fees   |
| 3 <br>Zip  | Country  | Ζφ   | Country  | 8. This corporation has liability for  |  | unders 1                                     | 99.032,   |
| 4]   | 25   | 29   | 30   | Florida Statutes Yes  10. Name and Address of New F                                    | Registered A   | gent   |   |
|  | 9. Name and Address of Cu  | urrent Registered Agent  | 81 Name  | TO, Italiio Milo Francisco   |  |  |   |
| VOGEL, S   | CLICAN I   |  | 82 Street Add  | dress (P.O. Box Number is Not Acceptate  | ole)   |  |   |
|  | . 8TH TERRACE  |  |  |  |  |  |   |
|  | ATON FL 33487  |  | 83   |  |  |  |   |
|  |  |  |  |  |  | <b>85</b> Zip                                | Code  |
|  |  |  | 84 City  |  |  | 100  |   |
|  | the previous of Sections 607   | 0502 and 607 1508 Florida Statute  | the state of page 4  | oration submits this statement for the pu  | FL<br>irpose of chai   | noina its re                                 | oistered office   |
| and the second and the second  | od against as both, in the State of  | i Floricia. Such change was aumonze  | the state of page 4  | oration submits this statement for the pu<br>and of directors. I hereby accept the app | irpose of chai   | noina its re                                 | oistered office   |
| or registere<br>familiar with  | od against as both, in the State of  | .0502 and 607.1508, Florida Statute:<br>Florida Such change was authorize<br>Section 607.0505, Florida Statutes.   | the state of page 4  | oration submits this statement for the pular of directors. I hereby accept the app     | irpose of chai   | noina its re                                 | oistered office   |
| or registere<br>familiar with<br>SIGNATURE   | ed agent, or both, in the State of<br>h, and accept the obligations of.  | Florida Such change was aumonze Section 607.0505, Florida Statutos.  | s, the above-named corporation's body the corporation's bo   | and when reinstating   | irpose of char<br>pointment as i   | nging its re<br>registered a                 | gistered office<br>agent. I am  |
| or registere<br>familiar with<br>SIGNATURE<br>12.  | ad agent, or both, in the State of<br>h, and accept the obligations of,<br>Statutus, typical or printed name of registers<br>OFFICERS  | Florida Such change was aumonze Section 607.0505, Florida Statutos.  | s, the above-named corporation's bo  E. Registured Agent signature requi-  | and of directors. Thoraby accept the opp   | pose of char<br>pointment as in<br>DATE<br>FICERS AND  | nging its re<br>registered a                 | gistered office<br>agent. I am  |
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roo nevery certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: