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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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DOCUMENT #

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1. Corporation Name

2. Principal Place of Business 2a, Mailing Address 4, FEI Number 59°2253696 Suite, Apt. #, etc. 5 Suite, Apt. #, etc. 5 Certificate of Status Desired	Agent 85 Zip Code anging its registered office registered agent. I am
2. Principal Place of Business 2. Mailing Address 4. FEI Number 59-2253696 Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 5. Certificate of Status Desired city & State 2. Country 2. Rep 2. Country 3. Replacement 3. Replacemen	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees ax under \$ 199.032, Agent 85 Zip Code anging its registered office registered agent. I am
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27 City & State	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees ax under s 199.032, Agent 85 Zip Code anging its registered office registered agent. I am
Trust Fund Contribution Zip Country Zip Country Zip Country B. This corporation has kability for intengible ta Florida Statutes Fl	Added to Fees ax under s 199.032, Agent 85 Zip Code anging its registered office registered agent. I am
PAREN, P. T. Sirect Address Provide Statutes Sirect Address Provide Statutes Provide Address of New Registered Provide Statutes Pro	Agent 85 Zip Code anging its registered office registered agent. I am
9. Name and Address of Current Registered Agent HOMER, JEFFREY B. 200 SE 1ST ST. MIAMI FL 33131 11. Pursuant to the provisions of Sections 607,0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of che or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature. Synd or protod came of registered agent and title it equilication. (NOTE: Registered Agent agents agents and title it equilication.) NOTE: Registered Agent agents recurred when recisiting. (NOTE Registered Agent agents agents recurred when recisiting.) LATE PTD OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND MIRECTORS 14. DITTLE VP OFFICERS AND DIRECTORS 13. SIREET ADDRESS 6530 VIA ROSA 13. SIREET ADDRESS 6530 VIA ROSA 22. NAME NAME KORFAGE, ARMIDA 22. NAME SIREET ADDRESS 6530 VIA ROSA 23. SIREET ADDRESS 6530 VIA ROSA 24. CITY-SI- ZIP DELETE 3. LITTLE 3. SIREET ADDRESS 6530 VIA ROSA 33. SIREET ADDRESS	85 Zip Code anging its registered office registered agent. I am
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### Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of che or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as statutes. #### Signature byted or protod name of registered agent and the it analysisable. ### OFFICERS AND DIRECTORS #### 11 TITLE **NAME** **NOTE** Registered Agent signature required when reinstance) ### ADDITIONS/CHANGES TO OFFICERS AND TITLE **NAME** **NOTE** Registered Agent signature required when reinstance) ### ADDITIONS/CHANGES TO OFFICERS AND TITLE **NAME** **NAME** **NOTE** Registered Agent signature required when reinstance) ### ADDITIONS/CHANGES TO OFFICERS AND TITLE **NAME** **NAME** **NOTE** Registered Agent signature required when reinstance) **ADDITIONS/CHANGES TO OFFICERS AND TITLE **NAME** **NAME** **NOTE** Registered Agent signature required when reinstance) **ADDITIONS/CHANGES TO OFFICERS AND TITLE **NAME** **NOTE** Registered Agent signature required when reinstance) **ADDITIONS/CHANGES TO OFFICERS AND TITLE **NAME** **NOTE** Registered Agent signature required when reinstance) **ADDITIONS/CHANGES TO OFFICERS AND TITLE **NAME** **NOTE** Registered Agent signature required when reinstance) **ADDITIONS/CHANGES TO OFFICERS AND TITLE **NAME** **NOTE** Registered Agent signature required when reinstance) **ADDITIONS/CHANGES TO OFFICERS AND TITLE **NAME** **NOTE** Registered Agent signature required when reinstance) **ADDITIONS/CHANGES TO OFFICERS AND TITLE **NAME** **NAME** **NOTE** Registered Agent signature required when reinstance)	anging its registered office registered agent. I am
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CITY-SI-ZIP 64 CITY-SI-ZIP	
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Flor 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 coath; 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 Statute appears in Block 12 or Block 13 if changed in on an attachment with an address.	rida Statutes. I further affect as if made under as; and that my name

SIGNATURE: _

A. W. Korfage 4/12/96

FOR GIGNING OFFICER OR DIRECTOR President

954 972 4144 Daytime Phone #

CR2E034 (12/95)