PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

G01052

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Principal Place of Business Mailing Address										TÆ ITRE BIBIT BIBIT		I BIBIH BIBIH 1591	
3563 NW 53RD COURT FT. LAUDERDALE FL 33309 US			3563 N.W. 53 COURT FT. LAUDERDALE FL 33309 US										
									3. Date Incorporated or Qualified 09/20/1982	3a. Date of Last Report 03/13/1995			
2. 21	Principal Pla	ice of Busine	988	2a 26	Mailing Addres	ss			***	4. FEI Number 59-2220913	— -	h	Applied For Not Applicable
	Suite, Apt. #				Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additions				
22	City & State	27			City & State						-	Required	
23	-	28			Only & Globe				6. Election Campaign Financing Trust Fund Contribution			0 May Be ed to Fees	
24	Zip	-	Country 25	29	Zip	ļ	Countr 30	У		8. This corporation has liability fo Florida Statutes X Ye	r intangible tax s □No	under s	199.032,
	····	9. Name	and Address of (stered Agent	L				10. Name and Address of New		gent	·
8								Nam	е	AMARINI BOO	111mC	<u> </u>	
	BRAHMS	, andbev	ĺ				82	Ptroc	t Addens	is_[P.D. Box Number is Not Accepta	411117		
	4530 HIA	TUS ROA	D				"	Street		5/3 NW 5200	COURT		
	SUITE 15						83	3					··································
	SUNRIGE	FL 33351					84	City		<u> </u>		105 7	io Codo
								1	FT	. Lauber dule	FL	1 13	12309
11. Pursuant to the provisions of Sections 607,0502 and £07,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 registered agent. It familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.										registered office d agent. I am			
SIC	GNATURE .												
		Signature typed	or printed name of register			J.LON.		ent signa" ir	e required w	when reinstating)	DATE		
12		00	OFFICE	RS AND DIREC			13.		- T	ADDITIONS/CHANGES TO OF	· · · · · · · · · · · · · · · · · · ·		
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	NAME Street Address												
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14. I do hereby certify that the information supplied with this fifing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this arroual roport 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Destina Price II