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PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: MCLLY
SIGNATURE AND TYPED OR



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # G198 NECKWARE, INC.	30 (0	,		
Principal Piace	of Business	Maling Address			ia fala enem dadar bidin digih enem degah logi
C/O JUAN MERAYO 2651-C NW 20 STREET MIAMI FL 33142		C/O JUAN MERAYO 2651-C NW 20 STREET MIAMI FL 33142			
				 Date Incorporated or Qualified 01/24/1983 	3a. Date of Last Report 02/03/1995
1	ice of Business	2a. Mailing Address		4. FEI Number	Applied For
I∐ —Suite, Apt. #		26		59-2366933	Not Applicable
el	, Otto.	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
<u> </u>		28		Trust Fund Contribution	Added to Fees
- Ζφ 	Country 25	Ζφ [29]	Country 30	 This corporation has liability for Florida Statutes X Yes	intangible tax under s. 199,032,
	9. Name and Address of Curre			10. Name and Address of New R	
			81 Name		
), JUAN A.		82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)
#523	ITHSHORE DRIVE		83		
	EACH FL 33141				
			 84 City		B5 Zip Code
	o the provisions of Sections 607.050 d agent, or both, in the State of Fio i, and accept the obligations of Soc	02 and 607.1508, Florida Sta rida. Such change was auth ction 607.0505, Florida Stat.	1 1 7	oration submits this statement for the pur ard of directors. I hereby accept the appr	rpose of changing its registered officiontment as registered agent. I am
SIGNATURE s	ot prature it good or printed non-elof registered age	ir æric toulif applicable ND DIRECTORS	1 1 7		pose of changing its registered office ointment as registered agent. I am
SIGNATURE s	of parties by our or product many and registered age OFFICERS AT	in an orthogol application	itutes, the above-named corporation's boardes. (NOTE: Registered Agrin's signature requirements) 13.	ad when reinstaling)	pose of changing its registered office ointment as registered agent. I am
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