CORPC ANNUAL	OFIT DRATION REPORT 196	FLORIDA DEPARTM Sandra B. M Secretary C DIVISION OF COR	fortham I State			
OCUMI orporation Na	ENT # <b>G2295</b> 3	3 (5)				
	ENTERPRISES, INC.				na 1114 B1614 B1614 S18	ın Gığı) Biğil Ölüli İğil
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ipal Place of	Business	Mailing Address		. I 366(11) ABSE (10) A 11A16 12(a) ANG	<b>16</b> 1141 <b>615</b> 11 <b>5151</b> 1 <b>51</b>	
PONCE DE	LEON BLVD.	914 MADRID STREET CORAL GABLES FL 33134				
RAL GABLES	FL 33134	US		3. Date Incorporated or Qualified	3a. Date of I	Last Report <b>0/1995</b>
		1 6 Million Addresse		02/09/1983 4. FEI Number	<u> </u>	Applied For
rincipal Place	of Business	2a. Mailing Address 26		59-2261756		Not Applicable
iuite, Apt. #. i	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	_ \$	8.75 Additional Fee Required
City & State		Oity & State		Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
	Gountry	28 Zip	Country	8. This corporation has liability	intangible tax u	
).b	25 9. Name and Address of Curren	29 3	0	Florida Statutes Ye 10. Name and Address of New	s 🔲 No	
CORAL G	ABLES FL 33134 the provisions of Sections 607,0507		84 City the above named corpo by the corporation's boa	oration submits this statement for the pard of directors. Thereby accept the ag-	FL	85 Zip Code ging its registered off gistered agent. I am
Pursuant to or registered familiar with	ABLES FL 33134 the provisions of Sections 607,0502 diagent or both, in the State of Flore, and accept the obligations of, Sect	tion 607.0505 Florida Statutes.	84 City	orl when republication	ourpose of chang appointment as re-	ging its registered off gistered agent. I am
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SIGNATURE: Dirk Smit, President/Treasurer SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96 305 = 446-9075