PROFIT CORPORATION ANNUAL REPORT FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

ANNL	RPORATION JAL REPORT 1996		Sandra B. M. Secretary of DIVISION OF COR			IONS	-1						
1. Corporation	MENT # Name SALES, INC.	G31340	(4)					110	1 1111 1121 1931	11 41 8 2010 5 161	I) 48 II 4(6 () 8 I	a li b ia <u>k</u> i a li	114 A3B41 A1413 108(
Principal Place 4200 NW 73 LAUDERHILL US	AVE		Mailing Address 4200 NW 73 AVE LAUDERHILL FL 33319 US										
2. Principal Pla	and of Rusiness	T-	- Malting Address					03/2	23/1983	or Qualified		e of Last 14/28/19	995
21		26	ta. Malling Address					4. FEI Nur 59	^{mber} -229 1936	;		_ _	Applied For Not Applicable
Suite, Apt. #		27	Suite, Apt. #, etc.						ate of Status			•	5 Additional Required
City & State	:	28	City & State					1	n Campaign F und Contribu	_		\$5.0	00 May Be
Ζ _I p 24	25	ountry 29	Zip	30 Co	untry	,		8. This co	rporation has Statutes	s liability for i			ed to Fees s 199.032,
		ddress of Current Regi		1901	L			1	and Addres			Agent	
4200 NW	, arthur J. V 73 ave Hill fl -83315 -	33319			81 82 83 84	Street		ss (P.O. Box I	Number is No	ot Acceptab	FL	 B5 _2	Lin Code
familiar with SIGNATURE S 12.	h, and accept the o	Sections 607.0502 and 6 in the State of Florida. Suc obligations of, Section 607 name of registered agont and title in OFFICERS AND DIRE	7.0505, Florida Statutes f applicable (NOT	TE Registered	d Ageni	xoration s	s board (then reinstating)	his statemen I hereby acco	ept the appo	pose of cha ointment as	registere	d agent. I am
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PINCUS, ARTH 4200 NW 73 / LAUDERHILL I	AVE	□ DELÉTÉ	1	NAME	ADDRESS						Change	
TITLE NAME STREEL ADDRESS CITY: ST-ZIP			☐ DELETE	2.1 T 2.2 N/ 2.3 SI	TITLE IAME	ADDRESS					C	Change	Addition
TITLE NAME STREFT ADDRESS CHY-ST-ZIP			□ DELÉTE	3 1 T 3.2 N/ 3 3 S	TITLE IAME	I ADDRESS					, ,	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	4. 1 TI 4.2 NA 4.3 ST	TITLE IAME	ADDRESS						Change	Addition
THLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	5. 1 TI 5.2 NA 5.3 ST	ITLE AME	ADDRESS] Change	Addition
TITLE NAME STREET ADDRESS			□ DELETE	6 1 TI 62 NA	ITLE AME	ADDRESS .				*****		Change	Addition

CHY-ST-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), Florida Statutes. I further 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 eath; 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 AND TYPED OR BRUSTED NAME OF GIGINNO OFFICER OR DIRECTOR

4/25/PL 954 742232/

CR2E034 (12/95)