FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT # 1. Corporation Name

G61867

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RICK	MAMI	סוםר	IMC



Principal Place	of Business	Mailing Address							
315 S. CRESCENT DR.#214 HOLLYWOOD FL 33021			315 S. CRESCENT DR.#214 HOLLYWOOD FL 33021						
						3. Date Incorporated or Qualified 09/30/1983	3a. Date	of Last)1/30/	
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number 59-2342093			Applied For
Suite, Apt. #	oto	Suite, Apt. #, etc.				39-2342093		¢9.7	Not Applicable 5 Additional
22 Suite, Apr. #	, Etc.	27				5. Certificate of Status Desired			e Required
City & State		City & State				6. Election Campaign Financing	<u></u>	\$5.	00 May Be
23		28				Trust Fund Contribution	D		led to Fees
<i>Ζ</i> φ 24	Country 25	Z _I p	Cour 30	ntry		This corporation has liability for it Florida Statutes		< under	s 199.032,
	9. Name and Address of Curre		1001			10. Name and Address of New R	egistered /	igent	
				81	Name				
	NDER, DIMITRY N., ESQ.		-	82	Street Ar	ddress (P.O. Box Number is Not Acceptab	le)		
	N.E. 19TH AVE.		-	83					
SUITE	112 I MIAMI BEACH FL		ļ						
NORTH	I WILNII DEAOITTE			84	City		FL	85	Zip Code
11. Pursuant to	the provisions of Sections 607.05	02 and 607.1508, Florida Statu	rtes, the abo	ve-r	named corp	poration submits this statement for the pur	pose of cha	nging its	registered offic
or registere	ed agent, or both, in the State of Flo h, and accept the obligations of, Se	orida. Such change was authori	ized by the c	orp	oration's b	oard of directors. I hereby accept the appoint	ointment as	registere	ed agent. I am
	it, and accept the congetions of, co	ottori ott jooda, risilaa atatote	,,,,						
SIGNATURE :	Signature, typed or printed name of registered ag-	ent and the if applicable (N	NOTE: Registered	Agen	nt signature req	uked when reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF			
TITEE	DP	DELETE	1 1 1			•	L] Change	e 🔲 Addition
NAME	MANDRIS, RICHARD	*4.4	12 NA						
STREET ADDRESS	315 S. CRESCENT DR.#2	:14			ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL	☐ DELETE	1.4 Cil		5T - ZIP			7 Change	e
TITLE		[]] price ic	2. 1 TI 2.2 NA				L] Change	, [] Addition
NAME					ADDRESS				
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NAME			3 2 NA				-		
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CITY - ST - ZIP			3.4 CI	TY-S	ST- 71P				
TITLE		☐ DELE1E	4.110	TL E				Change	e 🔲 Addition
NAME			4.2 NA	ME					
STREET ADDRESS			4.3 ST	REET	FADORESS				
CITY-ST-ZIP					ST-ZIP				
THILE		☐ DELETE	5 1 TI	TLE				Change	e 🗀 Addition
NAME			5 2 NA	ME					
STREET ADDRESS			5 3 ST	REET	F ADDRESS				
CITY-ST-ZIP				_	ST-ZIP				
TAILE		☐ DEFELE	6 1 T				L	_] Change	e 🔲 Addition
NAME			6.2 N/						
STREET ADDRESS					T ADDRESS				
CHTY - S1 - ZIP			6.4 CI	TY-5	ST-ZIP		07/0/4) Fi-		tutos I further

I do herety 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 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.

RICHARD MANDRIS 4,22-9/2 954-982-922

SIGNATURE: /

RICHARD MANDRIS 4.22.96 954.983.9222