SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

NATUH	IAL CHEA	HONS, IN	IG.										
Principal Place of Business Mailing Address										**************************************		il 81811 8 1811 9 19	
% WENDY WEAVER 9763 NW 41ST ST. STE 101 MIAMI FL 33178 US				9763 NW 41TH ST #101 MIAMI FL 33178 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3s. Date of Last Report 05/01/1996					
2. Principal F	Place of Busin	ness		2a. Ma	ailing Address					4. FEI Number			pplied For
21				26					59-2370106			ot Applicable	
Suite, Apt	. #, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired		+	Additional equired		
City & Sta	te		City & State							·····	·		
23				28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	-	Country		Zij)	Co	untry	у		8. This corporation owes or has pai	d the cu		
24		25		29		30	,			Personal Property Tax due June	30. l	Yes [J Ňo
			s of Current F	Registere	d Agent		81	1		10. Name and Address of New Re	jistered	Agent	
WEAVER, WENDY 9763 A NW 41ST ST							82		-	ress (P.O. Box Number is Not Acceptable)			
#101 Miami FL 33178								 					
								City				85 Zip	Code
							<u> </u>	<u></u>			FL	.	
11. Pursuant office or agent. Le	l to t he provisi registered ag am f a miliar wi	ions of Sections ont, or both, th, and acce	ons 607.0502 a in the State of pt the obligation	and 607.1 Florida. I ons of, Se	1508, Florida Statu Such change was ection 607,0505, F	utes, the a authorize Iorida Sta	ibove ed by itutes	e-nam y the c s.	ed corpo corporation	oration submits this statement for the pon's board of directors. I hereby accep	urpose o	f changing it pointment as	ts registered registered
SIGNATURE			nfægistered agent a							d when reinstating)	DATE		
12.		OF	FICERS AND D				13.			ADDITIONS/CHANGES TO OFFICE	ERS AN	D.DIBECTOF	RS IN 12.
TITLE	P				DELETÉ	1.1 T	ITLE			rububzs	LHA	Charloe	Addition
NAME		, WENDY				1.2 N	IAME		1	-10/07/9			
AFEET ADDRESS	9763 NY	/ 41ST ST, L	STE 101					I ADDRES ST-712	ss	****550	.00	****55	יטייטי
TITLE	8				DELETE	2.1 I						Change	Addition
NAME	WEAVER	, WILLIAM				2.2 N	IAME						
STREET ADDRESS		W 84TH C1	Ī			235	TREET	ADDRES	is l				İ
CITY-ST-2IP	MIAMI FI	L				2.40	CITY-S	ST-ZIP	İ				i
TITLE					DELETE	3.1 T	ITLE					☐ Change	Addition
NAME						3.2 N	IAME						
STREET ADDRESS						3.3 5	TREET	ADDRES	s				
CITY-ST-ZIP						3.4. (CITY-S	ST-ŻIP]				.
TITLE					DELETE	4.1 T	iTLE					Change	Addition
NAME						4.21	MAME						
STREET ADDRESS						4.3 S	TREE1	ADDRES	s				
CITY-ST-ZIP	<u>.</u>					4.4 C	ITY-S	T-ZIP	_				
TITLE					DELETE	5.1 7	ITLE					☐ Change	☐ Addition
NAME						5.2 N	AME						İ
STREET ADDRESS						5.3 S	TREET	ADDRES	S				ļ
CITY-ST-ZIP								T-ZIP					
TITLE					☐ DELFTE	611						Change	Addition
NAME						62 N	AME		1				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 chapted, or on an attachment with an address.

63 STREET ADDRESS 64 CITY-ST-ZIP

97 OCT -3 PH 3:52

SECRETARY OF STATE TALLAHASSEE, FLORIDA