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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name H12386

(9)

Principal Place of Business Mailing Address 20021 SW 84 AVE. MIAMI FL 33189 US IIS								
US		US			3. Date Incorporated or Qualified 07/16/1984	3a. Date of 04/1	Last Re 4/199	
Σ. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number 59-2437499		F	Applied For Not Applicable
Suite, Apt. #	e, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		8.75	Additional Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00	May Be
Zip	Country 25	Zip 29	30 Cour	ntry	This corporation has liability for in Florida Statutes			
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New R	egistered Age	ent	
				81 Name				
SWINFO		}	82 Street Add	lress (P.O. Box Number is Not Acceptab	le)			
20021 S.W. 84TH AVENUE			ļ					
miami fl	L 33189			83				
				84 City		FL ¹	85 Zıç	Code
BIGNATURE -	Signature, typed or printed name of registered agent OFFICERS ANI		OTE Registered	Agent signature require	ed when renslating: ADDITIONS/CHANGES TO OFFI	DATE ICERS AND DI	RECTÓ	RS IN 12
2.	OFFICERS AND					ICERS AND DI	RECTO Change	FIS IN 12
2. ITLE	P SWINFORD, PHYLLIS E.	DIRECTORS	13.	'LF		ICERS AND DI	****	~
IZ. ITLE	P SWINFORD, PHYLLIS E. 20021 SW 84 AVE	DIRECTORS	13. 1. 1 II 1.2 NA	'LF		ICERS AND DI	****	
2. ITLE IAME TREET ADDRESS ITY-ST-ZIP	P SWINFORD, PHYLLIS E. 20021 SW 84 AVE MIAMI FL	O DIRECTORS	13. 1.1 Te 1.2 NA 1.3 ST 1.4 Cf	TLE ME REET ADDRESS Y-ST-ZIP		CERS AND DI	Change	☐ Add-tion
2. ITLE IMME TREET ADDRESS ITY-ST-ZIP ITLE	P SWINFORD, PHYLLIS E. 20021 SW 84 AVE MIAMI FL V	DIRECTORS	13. 1.1 Ti 1.2 NA 1.3 ST 1.4 Ci 2.1 Ti	TLE ME REET ADDRESS Y-ST-ZIP SLE		CERS AND DI	****	
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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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING SPICER OR DIRECTOR

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