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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

•	1996	\$ 615 F	37	DIVISION OF CORPORATIONS							
1. Corporation	MENT # Name CORPORA		3	(4)							
Principal Place of Business M				Malling Address				<b> }</b>		AJI OLDII GIOII IAAI	
2601 S. BAYSHORE DR. STE. 1600 MIAMI FL 33133				2601 S. BAYSHORE DR. STE. 1600 MIAMI FL 33133					±		
US				US				<ol> <li>Date Incorporated or Qualified</li> <li>12/10/1986</li> </ol>		e of Last F <b>07/10/1</b> :	
2. Princ pal Pla	nce of Business		b	Mailing Address				4. FEI Number			Applied For
Suite, Apt. #	e olo		26	Suite, Apt. #, etc.	<b></b>			59-2755569			Not Applicable
22	, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required
City & State				City & State				6. Election Campaign Financing			00 May Be
<b>23</b> Z <sub>ID</sub>	T	Country	28	Zin	T Country			Trust Fund Contribution	L)	Adde	ed to Fees
24	25	Country	29	<i>7</i> -p	Country			8. This corporation has liability for Florida Statutes Yes	intangible t ∭No	ax under s	s 199.032,
	9. Name and	Address of Current	Regist	tered Agent		******		10. Name and Address of New F	egistered	Agent	
1700	01070000 40	FLIT AADDADLTIAL			61	N	Vanne				
A Z REGISTERED AGENT CORPORATION 2601 S. BAYSHORE DR. STE. 1600					82	S	street Addres	ss (P.O. Box Number is Not Acceptab	ile)		
				8				TO THE RESIDENCE OF THE PERSON			
MIAMI FL 33133					84		Dity			05 7	ip Code
44.6	<del></del>				į.		-		FL	_	·
i or registere	ed agent, or bot	n. In the State of Florida	ı. Such	-change was authorize	ad hiv the corn	ar ora	ned corporal ition's board	tion submits this statement for the pur l of directors. I hereby accept the app	pose of ch pintment a:	anging its s registere	registered office d agent. I am
signature	n, and accept tr	e obligations of, Section	n 607.0	J595, Florida Statutes.							
	Signature, typed or pri	ntco name of registered agent ar			t: Registered Agen	tsiq	jnature required v	when reinströng)	DATE		
12.	DP	OFFICERS AND	DEEC	·	13.			ADDITIONS/CHANGES TO OFF			
TITLE 🗸	YATES, B	M 1124		[]] DELE IF	1. 1 TITLE					Change	Addition
STREET ADDRESS		25TH ST. #601			1.2 NAME 1.3 STREET	V D.	00500				
CITY-ST-ZIP	HIALEAH	FL			1.4 CITY-S						
TITLE				DELETE	2.1 TITLE	- 21	IF			□ Change	Addition
NAME					2.2 NAME				'		
STREET ADDRESS					2 3 \$1REET	AD:	ORESS				
CITY - ST - ZIP					24 CITY - S	I - Z	(P				
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NAME					3.2 NAME						
STREET ADDRESS City-St-Zip					33 STREET						ļ
TITLE				DELETE	3.4 CHY-S 4. 1 TITLE	1 - 21	IF.			Change	Addition
NAME					4.2 NAME					Change	
STREET ADDRESS					4.3 STREET	ADŪ	DRESS				
CITY-ST-7P					4.4 CITY - S						
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NAME					5 2 NAME			4 <u>0000018</u> 1	31	34	
STREET ADDRESS					53 STREET			40000181 -05/08/96010	441	õi	
CITY-ST-ZP			<del>-</del>	F) brith	5.4 CITY - S	1 - ZI	IP	***8200.00			
TITLE NAME				☐ DELETE	6. 1 TITLE					Change	Addition
STREET ADDRESS					6.2 NAME	a b r	oncee				ノ゛、
CITY-ST-ZP					6.3 STREET 6.4 CITY - S						<b>β</b> , \

14. If do hereby certify that the information supplied with this fling 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 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytinie Phone #