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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

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S. Name and Address of Current Registered Agent RENCURRELL, ERNESTO 1898 S.W. 143 PL. MIAMI FL 33175 83 64 67 67 67 68 68 68 69 69 60 69 69 69 69 69 69 69	Zıp	 	Zip		ntry		8. This corporation has liability for intangible tax under s 199.032,	
RENCURRELL, ERNESTO 1698 S.W. 143 PL. MIAMI FL 33175 83 84 67 85 86 86 87 87 88 88 88 88 89 89 80 80 80 80	24			30				
RENCURRELL, ERNESTO 1698 S.W. 143 PL. MIAMI FL 33175 BB Cdy FL BS Zp Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation is board of directors. I hereby accept the appointment as registered agent. I am furnish rivith, and accept the displations of, Sections 607,0502 and 607,1508. Florida Statutes. The above-named corporation is submits this statement for the purpose of changing its registered agent. I am furnish rivith, and accept the displations of, Section 607,0503. Florida Statutes. SIGNATURE SIGNATURE DFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD RENCURRELL, BARBARA 12. SIGNATURE RADORSS 13. SIGNATURE RADORSS 14. SIGNATURE RADORSS 14. SIGNATURE RADORSS 15. SIGNATURE RADORSS 16. SIGNATURE RADO		9. Name and Address of Currer	it Hegistered Agent		91	Mana	10. Name and Address of New Registered Agent	
11. Pursuant to the provisions of Sections 027,0502 and 607,1508, Florida Statutes, the above-named corporation's braid of the provisions of Sections 027,0502 and 607,1508, Florida Statutes, the above-named corporation's braid of the purpose of disriping its registered agent, or both, in the State of Florida. Such change was exhorized by the corporation's board of directors. I hereby except the appointment as registered agent. I emit familiar with, and accopt the obligations of, Section 607,0056. Florida Statutes, the above-named corporation's board of directors. I hereby except the appointment as registered agent. I emit familiar with, and accopt the obligations of, Section 607,0056. Florida Statutes, the above-named corporation's board of directors. I hereby except the appointment as registered agent. I emit familiar with a familiar	DENOL	OSELL FOLIFOTS			•			
MIAMI FL 33175					82 Street Address (P.O. Box Number is Not Acceptable)			
11. Pursuant to the provisions of Sections (97,050)2 and 607,1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing list registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment is registered agent. I am the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment is registered agent. I am the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment is registered agent. I am the state is a state of florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment is registered agent. I am the such change is registered agent. I am the		·			83			
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11. Pursuant to the provisions of Sections 627,0502 and 607,1509. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. Such nange was surhorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am surface agent, or both, in the State of Florids. Such nange was surhorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am surface agent. I am surface agent. I am surface agent agent agent. I am surface agent agent agent. I am surface agent agent agent agent. I am surface agent agent agent agent. I am surface agent agent agent agent agent agent agent agent. I am surface agent					84	City	85 Zip Code	
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PD				TE Registered.	Agent s	agnature requir	ired when reinstaling) DATE	
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		certify that the information supplied :	with this filing is wall intakly 6 ma	64 CIT	Y-\$1.	ZIP	for the exemption stated in Section 110 07/08A Flexide Charlet 14 W	

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 RAME OF BIOMING OFFICER ON DIRECTOR

4/21/96 (305)321-2775