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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATION FILED Apr 07 1997 8:00am Secretary of State

| DOCU   | MENT # J701   | 19 (9)   |  |   |  |
|--|---|--|--|---|--|
|  | SANTINI & COMPANY, I  |  |  |   |  |
| Principal Place of Business 8001 SW 36 ST #10 DAVIE FL 33328   |   | Mailing Address  8001 SW 96 ST #10  DAVIE FL 33328-1915  |  |   |  |
|  |   |  |  | 3. Date incorporated or Qual<br>04/28/1987                                    | lified <b>3a.</b> Date of Last Report <b>04/05/1996</b>                                      |
| -n '   | Place of Business   | 2a. Mailing Address  |  | 4. FEI Number   | Applied For  |
| Suite Apt.   | . #, etc.   | Suite, Apt #, etc.   |  | 65-0003384  | Not Applicable  \$8.75 Additional  |
|  |   | 27   |  | 5. Certificate of Status Desire   | ed Fee Required  |
| City & Stal  | ale .   | City & State   | 1  | 6. Election Campaign Finance  | 70000  |
| Žip  | Country   | <b>28</b> ] Ζφ   | Country  | Trust Fund Contribution  8. This corporation has liability                    | Added to Fees ity for intangible tax under s. 199.032,                                       |
| 1  | 25  | 29   | 30   | Florida Statutes  | Yes No   |
|  | 9. Name and Address of Co   | urrent Registered Agent  | 81 Na  | 10. Name and Address of N   | ew Registered Agent  |
|  | 01 S.W. 36TH ST, #10<br>VIE FL 33318  |  | 83   | Address (P.O. Box Number is Not Acc   |  |
|  |   |  | 84 Cit   |   | FL 85 Zip Code   |
| office or<br>agent 1 a   | am familiar with, and accept the o  | State of Florida. Such change wa<br>obligations of, Section 607.0505,                                | s authorized by the<br>Florida Statutes.   | corporation submits this statement to poration's board of directors. I hereby | accept the appointment as registered   |
| office or agent. It a<br>signature<br>2.   | Signature, typed or printed name of tegister  |  |  | e required when reinstating)  | accept the appointment as registered  DATE OFFICERS AND DIRECTORS IN 12                      |
| ignature<br>2.   | Signature, have designated name of register OFFICERS  | ed agenr and title if applicative (N   | OTE Registered Agent sign 13. 1.1 TITLE  | e required when reinstating)  | DATE OFFICERS AND DIRECTORS IN 12  |
| ignature<br>2.<br>Ile  | Signature, Guest or printed name of tegister OFFICERS DP SANTINI, TERRY                                       | ed agent and the diapplicative (N<br>SI AND DIRECTORS  | OTE Registered Agent sign<br>13.<br>1.1 TITLE<br>1.2 NAME  | e required when reinstating)  | DATE OFFICERS AND DIRECTORS IN 12  |
| IGNATURE  2. THE THEFT ADORESS   | Signature, Upped or printed name of tegister OFFICERS  DP SANTINI, TERRY 8001 S.W. 36TH ST., #10              | ed agent and the diapplicative (N<br>SI AND DIRECTORS  | T3. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRE  | e required when reinstating)  | DATE OFFICERS AND DIRECTORS IN 12  |
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| CGNATURE  2. THE  AME THELF ADDRESS TY-ST-ZIP  THE   | Signature, Upped or printed name of tegister OFFICERS  DP SANTINI, TERRY 8001 S.W. 36TH ST., #10              | ed agent and tile if applicative (N<br>S AND DIRECTORS   | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRE 1.4 CITY - ST - ZIP  | e required when reinstating)  | DATE OFFICERS AND DIRECTORS IN 12 Change Addition  |
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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 inchanged, or on an attach point with an address.

SIGNATURE:

CHATTHE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CPA

(954)474-9000