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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1996		Secretary of State Division OF CORPORATIONS							
DOCUI	MENT #	J80264	(1)						
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Principal Place	of Business		Mailing Address				ı dini dibi gibil	110(4 010)  D	HOUL DEBUT DICTOR HOUSE
% HERMAN			% HERMAN COHEN						
622 S.W. 1 MIAMI FL :	ST STREET		622 S.W. 1ST STRE	ET					
MINMI FE	20130		MIAMI FL 33130			3. Date Incorporated or Qualifie	d 3a. Da	te of Last F	•
2. Principal Pla	ace of Business	72	a. Mailing Address			<b>06/30/1987 4.</b> FEI Number		04/27/1	
saı		26	י "			65-0014167			Applied For Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					\$8.7	5 Additional
22		27	<u> </u>			5. Certificate of Status Desired		•	Required
City & State	)		City & State			6. Election Campaign Financing			00 мау Ве
Zip	Col	untry 28	7 <sub>(p</sub>	Count	n/	Trust Fund Contribution			od to Fees
4	25	29	7	30	, y	8. This corporation has liability f	or intangible i ∕es ∷No	tax under s	199.032,
	9. Name and Ad	dress of Current Reg	istered Agent			10. Name and Address of Nev		Agent	
				8	1 Name				
	N, HERMAN			8	2 Street Add	ress (P.O. Box Number is Not Accept	table)		· · · · · · · · · · · · · · · · · · ·
	W. 1ST STREET				3				
MIAM	FL 33130			ľ	3				
				8	4 City			<b>85</b> Zi	ip Code
11. Pursuant t	o the provisions of S	ections 607.0502 and 6	607,1508, Florida Statuti	1	1 '	ration submits this statement for the	FL		•
11. Pursuant t or register familiar wit	o the provisions of S ed agent, or both, in h, and accept the ob	ections 607.0502 and 6 the State of Florida, Suc digations of Section 60	507.1508, Florida Statut ch change was authoriz 7.0505. Florida Statutes	tes, the above	1 '	ration submits this statement for the p ird of directors. I hereby accept the a	FL purpose of ch ppointment a		•
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certify that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 18 if changed, or on an attachment with an address.

SIGNATURE:

2/21/96 (305) 545-0567

BIGNATURE OF PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

2/21/96 (305) 545-0567