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

SIGNATURE: CTO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996	,
DOOLINAENE "	IO

KIRA, Principal Piace	e of Business KELL AVE	Mailing Address				
SUITE 510 MIAMI FL 3		SUITE 510 MIAMI FL 33131-313	6			
				 Date Incorporated or Qualified 3a. 08/18/1987 	Date of Last Re 03/16/19	eport 95
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number 65-0003858		Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				Not Applicable Additional
2		27		5. Certificate of Status Desired	, -	Required
City & State	e	City & State		Election Campaign Financing Trust Fund Contribution		May Be
Ζφ	Country	Zip	Country	This corporation has liability for intang	·	199 032
4	25	29	30	Florida Statutes Yes T	No	
	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Regist	ered Agent	
CABRE	ERA, CARMEN					
	SW 146 CT		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
MIAMI	FL 33186		83			
			84 City		105 3	0.1
					FI '	Code
	to the provisions of Sections 607.050 red agent, or both, in the State of Flo	dela O calculation	iso, inc accite married corpe	Process applications are content for the bolbose in	or cuanding its it	sgistered office [
or register familiar wi SIGNATURE		oction 607.0505, Florida Statute	s.	ard of directors. I hereby accept the appointme	nt as registered	agent. I am
familiar wi	Signature, typed or printed name of registered age	iction 607.0505, Florida Statute:	OTE Registered Agent a gnature require	ard of directors, I hereby accept the appointme	AT _L	agent. I am
familiar wi SIGNATURE 12.	Signature, typed or printed name of registered age	oction 607.0505, Florida Statute	s.	ard of directors. I hereby accept the appointme	ATE AND DIRECTOR	agent. I am
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