	PORATION JAL REPORT 1996	Sani Sani Sec	EPARTMENT OF STATE dra B. Mortham cretary of State OF CORPORATIONS			
1. Corporation	MENT # J92	2256 (3))			
INTEF	NATIONAL SELECTIC	on, inc.		A NARINA KIKA NANA KANA MANA MANA	IN DIN DUNI DUNI DUNI DUNI D	IJÖIF ÖLTIF OLOHI IDOI
Principal Place	of Business	Mailing Address				
	WOOD BLVD.)D FL 33019	841 HOLLYWOOD HOLLYWOOD FL				
				3. Date incorporated or Qualified 09/10/1987	3a. Date of Last 1 04/20/	· ·
 Principal Pla 1 	ace of Business	2a. Mailing Address 26		4. FEI Number 65-0007398		Applied For Not Applicable
Suite, Apt. #	¥, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional
2 City & State 3		27 City & State 28		6. Election Campaign Financing Trust Fund Contribution	\$ 5 .0	Required May Be ed to Fees
Zip [4]	Country 25	Zip 29	Country 30	8. This corporation has liability for		
	9. Name and Address of	Current Registered Agent	81 Name	10. Name and Address of New F	Registered Agent	
HAGGI	AG, ROBERT			Address (P.O. Box Number is Not Acceptat	Di o)	
	OLLYWOOD BLVD.		83	·····	, 	
HOLLY	WOOD FL 33019		84 City			- 0
						Zip Code
T. Puisuantu	ed agent, or both, in the State	of Elorida, Such obanao was a ith	ilules, the above-hamed co			
or registere	h, and accept the obligations i	of, Section 607.0505, Florida Statu	orized by the corporation s	proving the proving the statement for the public board of directors. I hereby accept the app	rpose of changing its wintment as registere	registered office id agent. I am
or registere familiar wit SIGNATURE		of, Section 607.0505, Florida Statu	orized by the corporation's ites.	board of directors. I hereby accept the app	ointment as registere	a registered office ad agent. I am
or registere familiar wit SIGNATURE	Signature, hypert or printed earne of regist	of, Section 607.0505, Florida Statu	orized by the corporation s	board of directors. I hereby accept the app	CIATE	id agent. I am
or register familiar wit SIGNATURE. 112. TIME	Service, basif or printed name of regist OFFICE P	of, Section 607.0505, Florida Statu level agent and lite if associable	Orized by the corporation's ites.	equired when reinstating:	CIATE	of agent. I am ORS IN 12
or register familiar wit SIGNATURE. 12. THLE NAME	Statistics, build or printed name of regist OFFICE P HAGGIAG, ROBERT	of, Section 607.0505, Florida Statu Iered agent and title if a speciable FRS AND DIRECTORS	(NOTL: Registered Agrini signature r 13. 1. 1 TiTLE 1.2 NAME	equired when reinstating:	CATE	of agent. I am ORS IN 12
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