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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

| | 1996 | 200 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | retary of State OF CORPORATIONS | | | |
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| DOCU | MENT # K18 | 485 (8 |) | | | |
| | ES BUILDERS PROMOTIC | ONS, INC. | • | 1 10 10 10 11 11 11 11 11 11 11 11 11 11 | 1711 1414 1111 1111 1111 11111 | DIDIK BIBIK BIBIK KRAI |
| Principal Place | e of Business | Mailing Address | | | | |
| 7605 DAVI | ie RD extension | 7605 DAVIE RD E | YTENSION | İ | | |
| | OD FL 33024 | HOLLYWOOD FL | | | | |
| | | | | 3. Date Incorporated or Qualified 03/18/1988 | 3a. Date of Last 03/28/ | • |
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | Applied For |
| F) | H | 26 | · | 65-0056507 | | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc | | 5. Certificate of Status Desired | | 5 Additional |
| City & State | 0 | City & State | | 6. Election Campaign Financing | | Required May Be |
| <u> </u> | | 28 | | Trust Fund Contribution | | oo May Be led to Fees |
| Zір [] | Country 25 | Zip 29 | Country 30 | | intangible tax under | |
| | 9. Name and Address of Cui | rrent Registered Agent | 81 Name | 10. Name and Address of New F | Registered Agent | |
| AMIGO |) FRANK | | | | | |
| amigo, frank 11868 green oak dr. | | | 82 Street Ad | ddress (P.O. Box Number is Not Acceptat | (ak | |
| | FL 33328 | | B3 | | | |
| | | | 84 City | | —. 85 2 | Pip Code |
| 1 Purcuant t | to the provision of Sections 607.0 | 600 and 607 1600 Flatist Out | | | -1 | |
| or register | ed agent, or both, in the State of F | Joe and Our Hood, Florida Stan | utes, the above-hamed cont | DOMADION SUDMINES THIS STATEMENT for the new | roose of chancing its | registered office. |
| familiar wit | the and accord the obligations of S | norida Such change was author | rized by the corporation's be | oard of directors. Thereby accept the app | ointment as registere | d agent. Lam |
| SIGNATURE | | | rized by the corporation's bees. | poration submits this statement for the pur oard of directors. Thereby accept the app | ointment as registere | nd agent. I am |
| ignature. | Stylinature: typied or printed name of registered a | gent and little if applicable g | NOTE: Registered Apent signature reci | ರ್ಣನ ಆರೋಗಕಾಡವಿಗಳು | DATE | |
| GIGNATURE: _ | Styriature: typied or printed name of registered a OFHCERS | gent and little if applicable (| NOTE Registered Apend signature reco | | DATE ICERS AND DIRECT | ORS IN 12 |
| SIGNATURE: _ 2. PILE | Signal are typed or printed name of registered a OFFICERS PST | gent and little if applicable g | NOTE: Registered Apent signature reci | ರ್ಣನ ಆರೋಗಕಾಡವಿಗಳು | DATE | ORS IN 12 |
| SIGNATURE _ 2. FILE AME | Styriature: typied or printed name of registered a OFHCERS | gent and little if applicable (| NOTE Perjstored April agranue mail 13. 1 1 THE | ರ್ಣನ ಆರೋಗಕಾಡವಿಗಳು | DATE ICERS AND DIRECT | ORS IN 12 |
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oath; that I am an officer or director of the corporation or the receiver or trustee enipowered 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 extrachment with an address.

SIGNATURE:

TURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Proce €