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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K27896

(5)

Principal Place 3225 NE 40TH FT. LAUDERDA US	ST.	322	ling Address 5 NE 40TH ST. LAUDERDALE FL 333	308-6409					
- 						3. Date Incorporated or Qualified	١.	te of Last R	eport
O Deireipel D	leas of Dusiness		14.90 a A Salaaa			07/11/1988	(,0)/	01/1996	11 ( 187
2. Principa Pi.	lace of Business	<u> </u>	Mailing Address			4. FEI Number 65-0061015		<del></del>	oplied For of Applicable
Suite, Apt. i	#, e*c.	[26]	Suite, Apt. #, etc.	<del></del>					Additional
22		27				5. Certificate of Status Desired			equired
City & State	9		City & State	·····		6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	lo Fees
Zip	Country	<u>├</u> ¬	Zip	Cour	itry	8. This corporation has liability for			. 199.032,
24	9. Name and Address of	29 29 Current Registe	ared Agent	30		Florida Statutes  10. Name and Address of New	Yes L		
EDA	NCO, GUIDO	. Julion neglate	r or rigorit		81 Name	1At 11000- AUG LIGHT OF HOLD		-80	
	5 NE 40TH ST.			ļ.,	00 00-11	draw (D.O. Davidson / Mark	4-1-1-1		
	LAUDERDALE FL 33308				82 Street Add	dress (P.O. Box Number is Not Accep-	table)		
	CHOPCHONCE I C 00000			ļ.	83				·
					84 City			85 Zip	Code
				ĺ			FL		
11. Pursuant t	to the provisions of Sections	607.0502 and 603	7 1508 Florida Statu	ites the ah	ove-named cor	rporation submits this statement for the	e purpose of	changing if	ts registered
office or ri agent. I ar	egistered agent, or both, in the familiar with, and accept the familiar with, and accept the familiar with and accept the familiar with a fami	he State of Florida he obligations of,	a. Such change was Section 607.0505, F	authorized forida Statu	by the corpora	rporation submits this statement for that ation's board of directors. I hereby acc	cept the app	ointment as	registered
SIGNATURE								ointment as	registered
SIGNATURE	Signature, typed or printed name of reg	pistared agent and title if	applicable (NC	OTE: Registered		uired when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of reg		applicable (NC		Agent signature requ		DATE		
SIGNATURE	Signature, typed or printed name of reg OFFICE	pistared agent and title if	applicable (NC	OTE: Registered	Agent signature requ	uired when reinstating)	DATE	DIRECTOR	IS IN 12
SIGNATURE  12. TITLE	Signature, typed or printed name of reg OFFICE	pistared agent and title if	applicable (NC	TE: Registered  13. 1.1 TIT(	Agent signature requ	uired when reinstating)	DATE	DIRECTOR	IS IN 12
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of reg OFFICE  DP FRANCO, GUIDO 3225 NE 40 ST. FT. LAUDERDALE FL VP	pistared agent and title if	applicable (NC	13. 1.1 TITE 1.3 STF	Agent signature required to the signature requirement of the signature req	uired when reinstating)	DATE	DIRECTOR	IS IN 12
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Feb 11 1997 8:00am

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