PRO CORPOF ANNUAL 19 9	RATION REPORT	AFIEI	FLORIDA DEPAR	IMENT OF STATE Mortflam '	Apr 10 1 Secreta		
CORDICATION NAME CORPORTING NAME GALBUT FAN	NT # K2897 WILY OF COMPANIES,		(2)				
incipal Place of B 9 WASHINGTON A	VE	999 V	ng Address WASHINGTON AVE			IT OTOTA OTOTA OTOTA OTO	N# # #
AMI BEACH FL 331	139	мам	II BEACH FL 33139-501	.5	3. Date Incorporated or Qualified		Report
Principal Place o	of Business	2a. N	Address		07/14/1988 4. FEI Number	04/30/1996	Applied For
Suite, Apt. #, etc		26	Suite, Apt. #, etc.		65-0034093	¢0 75	Not Applicable Additional
	······································	27			5. Certificate of Status Desired		Required
City & State		28	City & State		6. Election Campaign Financing Trust Fund Contribution		0 May Be d to Fees
Zip	Country 25	29 Z		Country 30	 This corporation has liability for Florida Statutes 	r intangible tax under ☐ Yes ☐ No	
	Name and Address of Curre ABRAHAM A. ESQ	ent Registe	red Agent	81 Name	10. Name and Address of New R	egistered Agent	
	HINGTON AVE			62 Street Add	dress (P.O. Box Number is Not Accepta	uble)	
miami be	EACH FL 33139			83	······································		
				84 City		85 7i	n Code
E Pursuant to the	provisions of Sections 607.05	502 and 607	1508 Elorida Statute	84 City	rooration submits this statement for the	FL purpose of changing	o Code
office or registe agent 1 am farr	provisions of Sections 607.05 pred agent, or both, in the Stat piliar with, and accept the obli	502 and 607 te of Florida igations of, 5	. 1508, Florida Statute . Such change was a Section 607.0505, Flo	is the above-named cor	rporation submits this statement for the ation's board of directors. I hereby acce	FL purpose of changing	its registered
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