COF ANNI	CORPORATION ANNUAL REPORT		\$550.00 ARTMENT OF STATE B. Mortham ary of State CORPORATIONS	FILED Apr 23 1997 8:00ar Secretary of State		
AMHF		Mailing Address 7760 WEST 20TH AVENU SUITE #1 HIALEAH FL 33016-1829	E			
•				3. Date Incorporated or Qualifie 09/20/1988	d 3s. Date of Las	
<u> </u>	Place of Business	2a. Mailing Address		4. FEI Number 65-0077067		Applied For
Suite, Api. #, etc.		26 Suite, Apt. #, etc.			<u>\$8</u> 7	Not Applicable 5 Additional
2		27		5. Certificate of Status Desired	Fee	Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	
3 Žip	Country	Zip	Country	8. This corporation has liability f	for intangible tax unde	
4	25 9. Name and Address of Curre	29 Int Registered Agent	30 '	Florida Statutes 10. Name and Address of New		
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Florida Such change was alions of, Section 607.0505, F	authorized by the corporation	ation's board of directors. I hereby ac	cept the appointment	as registered
SIGNATURE	Signature, typed or printed name of registered at	jest and othe it applicable (NC	DTE: Bog stated Agent signature req	ງພາຍປ ພຳຫາ reinstating)	DATE	
SIGNATURE	Signature, typed or printed name of registered as OFFICERS At				DATE	ORS IN 12
SIGNATURE 12. Ittle Name Street Address	Signature, typed or printed name of registered an OFFICERS AF	pert and other it applicable (NO ND DIRECTORS	DTE - Rog stered Agent signature reg 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ງພາຍປ ພຳຫາ reinstating)	DATH FICERS AND DIRECT	ORS IN 12
SIGNATURE 12. ITTLE VAME STREET ADDRESS CITY-ST-ZIP ITTLE	Signalure, typed of printed name of registered as OFFICERS AT WEINTRAUB, SAMUEL 7431 BAY VIEW DR. N. BAY VILLAGE FL PD	pert and other it applicable (NO ND DIRECTORS	DTE - Rog stered Agene signature reg 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CiTY - S1 - ZiP 2.1 TITLE		DATI FICERS AND DIRECT	ORS IN 12 le Additio
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