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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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1. Corporation	MENT # K4844 NAME NOTE TO NAME OF THE NAME	<b>11</b> (5	,				1834 81011 81811 81811 1887
Principal Place MICHAEL 2665 SOUTH MIAMI FL 33 US	ORTIZ. PA BAYSHORE DR. SUITE 902	Mailing Address  # MICHAEL ORT 2665 SOUTH BA MIAMI FL 33133 US		UITE 902	3. Date incorporated or Quali		
2. Principal Pla	ace of Business	2a. Mailing Address	<i>-</i>		12/01/1988 4. FEI Number	08/	11/1995 Applied For
11		26			59-2922711		Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, et	lc.		5. Certificate of Status Desire	×d []	8.75 Additional Fee Required
City & State	}	City & State			6. Election Campaign Financi	ng _	\$5.00 May Be
3	·	28			1 rust Fund Contribution		Added to Fees
Zip	Country	Ζ <sub>(</sub> ρ	a	untry	8. This corporation has liabilit		nder s. 199.032,
4	25   9. Name and Address of Currer	[29]	30	·r		Yes 😿 No	
	J. Hame and Page 23 Of Carrer	it riegisteleu Ageik	· · · · · · · · · · · · · · · · · · ·	81 Name	10. Name and Address of N	lew Registered Age	ent
				<ul><li>82 Street Acids</li><li>83</li><li>84 City</li></ul>	lress (P.O. Box Number is Not Acce		S Zip Code
				J L			
SIGNATURE	o the provisions of Sections 607,0507, ad agent, or both, in the State of Florinh, and accept the obligations of, Sectionary backets are the obligations of the section of						ng its registered office istered agent. I am
SIGNATURE:	Signature hyped or printed having of registeres; agent			Divernamed corporation's boa	ed when reinstating)	DATE	
SIGNATURE .	Signature hyped or printed having of registeres; agent	tanditis if appleance.	(NOTE: Registere	#Agaid's groturo require		DATE	RECTORS IN 12
SIGNATURE:	Signature: hyperdion printed natural of registers, agreed OFFICERS AN PD ORTIZ, MICHAEL	tawitte Pajykorus. D DIRECTORS	(NOTE: Registere	1 Agastagreture require	ed when reinstating)	DATE OFFICERS AND DIF	RECTORS IN 12
SIGNATURE:	Signature: hyperfor printed natural of registeries agreed OFFICERS AN PD ORTIZ, MICHAEL 2665 S BAYSHORE DR #907	tawitte Pajykorus. D DIRECTORS	(NOTE: Registere 13. 1.11	1 Agastagreture require	ed when reinstating)	DATE OFFICERS AND DIF	RECTORS IN 12
SIGNATURE: 12.  TITLE NAME STREEL ADDRESS CITY-ST-ZIP	Signature hyperfor printed name of registers, agreed OFFICERS AN PD ORTIZ, MICHAEL 2685 S BAYSHORE DR #900 MIAMI FL	Cantife Pajancario.  D DIRECTORS  DELETE	(NOTE: Hegisters 13. 1.1 1.2 M 1.3 S 1.4 C	HADRIS greature require  IITLE  IAME  TREEL ADDRESS  ITY-S1-ZIP	ed when reinstating)	DATE OFFICERS AND DIF	RECTORS IN 12 hange
SIGNATURE:  12.  INTLE  VAME  STREET ADDRESS  CITY-ST-ZIP  HITE	Signature: hyperfor printed no to office states agreed OFFICERS AN PD ORTIZ, MICHAEL 2665 S BAYSHORE DR #907 MIAMI FL S	tawitte Pajykorus. D DIRECTORS	(NOTE High stees 13. 1.1 1.2 N 1.3 S 1.4 C 2.1	HAGARIS GREUTE REQUIRE  HITTE  HAME  TREET ADDRESS  HY-S1-ZIP  HITE	ed when reinstating)	DATE OFFICERS AND DIF	RECTORS IN 12 hange
SIGNATURE:  12.  THE  VAME  STREET ADDRESS  STY-ST-ZIP  THE  VAME	Signature hyperfor printed natural of registeries agreed OFFICERS AN PD ORTIZ, MICHAEL 2665 S BAYSHORE DR #90% MIAMI FL S BURNEO, CLARA	tawitte Pajykoarus. 19 DIRE CTORS 	(NOTE Hag stees 13. 1.1 1.2 N 1.3 S 1.4 C 2.1 1.2 N	HAGARIS (P.C.LICE REQUIRE HITLE HAME THEET ADDRESS HTY-SI-ZIP HITE AME	ed when reinstating)	DATE OFFICERS AND DIF	RECTORS IN 12 hange
EIGNATURE:  12.  THE  STREET ADDRESS  THE  THE  THE  THE  THE  THE  THE	PD ORTIZ, MICHAEL 2685 S BAYSHORE DR #903 MIAMI FL S BURNEO, CLARA 2665 S BAYSHORE DR #903	tawitte Pajykoarus. 19 DIRE CTORS 	(NOTE Hap ters) 13. 1.1 1.2 1.3 1.4 2.1 2.2 2.1 2.2 2.3 3.3	HAGAH SUPELING REQUIRE  INTEL  IMME  THEET ADDRESS  ITY-SI-ZIP  ITTEL  AME  TREET ADDRESS	ed when reinstating)	DATE OFFICERS AND DIF	RECTORS IN 12 hange
SIGNATURE:  12.  THE  STREET ADDRESS  STLY-ST-ZIP  THE  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	Signature hyperfor printed natural of registeries agreed OFFICERS AN PD ORTIZ, MICHAEL 2665 S BAYSHORE DR #90% MIAMI FL S BURNEO, CLARA	tawitte Pajykoarus. 19 DIRE CTORS 	(NOTE Hap ters) 13. 1.1 1.2 1.3 1.4 2.1 2.2 2.1 2.2 2.3 3.3	HAGARIS GROUPE REQUIRE  INTEL  INTEL ADDRESS  ITY-SI-ZIP  ITEL  AME  TREET ADDRESS  ITY-SI-ZIP	ed when reinstating)	DATE OFFICERS AND DIF	RECTORIS IN 12 hange Addition hange Addition
BIGNATURE:  12.  UTLE  VAME  STREET ADDRESS  UTY-ST-ZIP  UTLE  VAME  STREET ADDRESS  UTY-ST-ZIP  UTLE	PD ORTIZ, MICHAEL 2685 S BAYSHORE DR #903 MIAMI FL S BURNEO, CLARA 2665 S BAYSHORE DR #903	Carellie Pajyscaros.  D DIRE C FORS  DELETE  DELETE	(NOTE Hag to a 1.1 1.1 1.2 N 1.3 S 1.4 C 2.1 2.2 N 2.3 S 2.4 C	HAGAN'S GROUND REQUIRE  INTE  IAME  THEFT ADDRESS  ITY-S1-ZIP  TREET ADDRESS  ITY-S1-ZIP  ITEE	ed when reinstating)	DAITE OFFICERS AND DIF	RECTORIS IN 12 hange
SIGNATURE:  12.  ITTLE  NAME  STREET ADDRESS  DITY-ST-ZIP  ITTLE  NAME  STREET ADDRESS  DITY-ST-ZIP  ITTLE  NAME	PD ORTIZ, MICHAEL 2685 S BAYSHORE DR #903 MIAMI FL S BURNEO, CLARA 2665 S BAYSHORE DR #903	Carellie Pajyscaros.  D DIRE C FORS  DELETE  DELETE	(NOTE Hegisters 13. 1.1 1.2 M 1.3 S 1.4 C 2.1 1.2 M 2.3 S 2.4 C 3.1 7.3 2 N	HAGAN'S GROUND REQUIRE  INTE  IAME  THEFT ADDRESS  ITY-S1-ZIP  TREET ADDRESS  ITY-S1-ZIP  ITEE	ed when reinstating)	DAITE OFFICERS AND DIF	RECTORIS IN 12 hange Addition hange Addition
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SIGNATURE:

Presume of soning officer or director SIGNATURY AND TYPED OR PRINTED MACHAEL ORTIX

President/Director 4/29/96 (305) 856-7879 Date Daytime Priore #