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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 1. Corporation Name

K50901

(3)

REPISO & ASSOCIATES, P.A.

|  | & ASSOCIATES, P.A.  |                               |                               |  |  |                   |   |                   |                        |                              |
|--|---|-------------------------------|-------------------------------|--|--|-------------------|---|-------------------|------------------------|------------------------------|
| incipal Place of E   | Business  | Ma                            | ailing Address                |  |  |                   | t (Effrætt) dar Atter anere seer  | )                 | •••••••                |                              |
| 80 S. W. 8TH   | STREET  |                               | 80 S. W. 8TH STRE             | ET   |  |                   |   |                   |                        |                              |
| SUITE 2060   | ••  |                               | SUITE 2060<br>MIAMI FL 33130  |  |  |                   |   | od 3a. Date       | of Lost D              | loner                        |
| MIAMI FL 3313  | 30  |                               | MINMI 1 C 00100               |  |  | 3.                | <ul> <li>Date Incorporated or Qualifie<br/>01/01/1989</li> </ul>            |                   | )2/17/1                |                              |
|  |   |                               | LE-Star Auldenan              |  |  |                   | , FEI Number  |                   |                        | Applied For                  |
| Principal Place  | of Business   | 2a.<br>26                     | Mailing Address               |  |  |                   | 65-0103981  |                   |                        | Not Applicat                 |
| Suite, Arit. #, el   | olC.  | 20                            | Suite, Apt. #, etc.           |  |  | 5                 | . Certificate of Status Desired   |                   |                        | 5 Additional                 |
| 20th I   |   | 27                            | 20th Floo                     | or   |  |                   |   |                   |                        | Required  May Be             |
| Orty & State   |   | -                             | City & State                  |  |  | 6                 | <ol> <li>Election Campaign Financing<br/>Trust Fund Contribution</li> </ol> | <b>"</b> 🗆        |                        | d to Fees                    |
|  | Country   | 28                            | Zip                           | Cour   | ntry   | 8                 | , This corporation has liability  | for intangible ta | x under s              | 199.032,                     |
| Zip  | 25  | 29                            |                               | 30   |  |                   |   | Yes No            |                        |                              |
|  | 9. Name and Address of Cur  | rent Regis                    | stered Agent                  |  | 64T N  |                   | ). Name and Address of Ne   | w Hegistered      | Ageni                  |                              |
|  |   |                               |                               |  | 81 Name  |                   |   |                   |                        |                              |
|  | MICHAEL   |                               |                               |  | 82 Street  | Address (i        | P.O. Box Number is Not Acce   | ptable)           |                        |                              |
|  | . BTH STEET   |                               |                               |  | 83   |                   |   |                   |                        |                              |
| SUITE 2060<br>MIAMI FL 33130   |   |                               |                               |  |  | 20th Floor        |   |                   | 85 Zip Code            |                              |
|  | the provisions of Sections 607.0  |                               |                               |  | 84 City  |                   |   | FL                |                        |                              |
| Pursuant to II or registered familiar with, SANATURE   |   | agent and title I             | Lapolicable (F                | NOTE Registered  | Agent signature  | required whe      | reinstating   | DATE              | DIRECT                 | ORS IN 12                    |
| familiar with, i<br>GNATURE  | mature, typed or printed name of registered a   | agent and the I               |                               |  | Agent signature  | required whe      | reinstating: ADDITIONS/CHANGES TO   |                   | DIRECT                 | ORS IN 12                    |
| familiar with, i<br>SNATURE Sign   |   | ayers and title I<br>AND DIRE |                               | NOTE: Registered   |  | s reciplined when | neistaing<br>ADDITIONS/CHANGES TO   | OFFICERS AND      | DIRECT<br>Change       |                              |
| familiar with, i<br>SNATURE Sign   | DPS REPISO, MICHAEL, ESO  | and dire                      | CTORS                         | 13.<br>1.1 T<br>1.2 N  | ITLE<br>AME  |                   | ADDITIONS/CHANGES TO  | OFFICERS AND      | Change                 | Additi                       |
| familiar with, i<br>SNATURE  | pathre, typed or printed name of negletened a OFFICERS DPS REPISO, MICHAEL, ESO 80 SW 8TH ST, #2060 | and dire                      | CTORS                         | 13.<br>1.1 T<br>1.2 N<br>1.3 S   | itle<br>Ame<br>Treet Address   |                   | ADDITIONS/CHANGES TO  S.W. 8th Street                                       | OFFICERS AND      | Change                 | Additi                       |
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SIGNATURE:

Michael Repiso NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305/577-0930