FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

K73866

(1)

DOCUMENT # 1. Corporation Name

Principal Place of Business Mailing Address 1000 N. MIAMI AVE. SUITE 200 MIAMI FL 33136-0515 MIAMI FL 33136-0515									
MINNE LE MILAGONIA		MINN	minimi i E oviovovje		3. Date Incorporated or Qualified 03/20/1989	3a. Date of Last Report 02/03/1995			
2. Principal Pla	ice of Business	<u> </u>	ling Address			4. FEI Number 65-0200686		ļ	Applied For Not Applicable
Suite, Apt. #	t. etc.	26 Suit	e, Apt. #, etc.						Additional
22		27				5. Certificate of Status Desired		·	Required
City & State		Oity	& State			6. Election Campaign Financing Trust Fund Contribution			0 May Be d to Fees
Zip	Country	Zip	· · · · · · · · · · · · · · · · · · ·	Country		8. This corporation has liability for	intangible		
4	25	29		30			□No		
	9. Name and Address of Curr	ent Registere	d Agent	81	Name	10. Name and Address of New F	tegistere	d Agent	
GURRI, MARTIN M.				82					
1105 EL RADO ST.					Street Add	ddress (P.O. Box Number is Not Acceptable)			
	GABLES FL 33134			83		1, Mai to			
				84	City			. 85 Zi	p Code
					,	- 11 1/200	F	L	
or register	ed agent, or both, in the State of Flo	orida. Such cha	inoe was authoriz	ed by the corp	named corpo oration's boa	ration submits this statement for the puring of directors. Thereby accept the app	rpose cir c iointment	inanging its r as registered	egistered offici Lagent. Lam
familiar wit	h, and accept the obligations of, Se	ection 607-0505	i, Florida Statutes	š				1196	
SIGNATURE	Signature, typed or printed name of registered ag-	· · · · · · · · · · · · · · · · · · ·	m· K	US DTE: Registered Agen	rge of signature, respire	od wher revisitating)	DATE	1716	
12.		ND DIRECTOR		13.		ADDITIONS/CHANGES TO OFF	ICERS A		
TITLE	D		☐ DELETE	1. 1 TITLE				☐ Change	☐ Addition
NAME	BESHARAT, JULIE E. GURI	RI		1.2 NAME					
STREET ADDRESS	1000 N MIAMI AVE #200 MIAMI FL			1.3 STREET	1				
CITY-ST-ZIP TITLE	MUUMI FL		DELETE	1.4 C(TY - 5 2 1 TITLE	51 - ZiP			Change	Addition
NAME				2 2 NAME					_
STREET ADDRESS				2 3 STREET	ADDRESS				
CITY-ST-ZIP				2 4 CITY - 9	ST - ZIP				
TITLE			☐ DETEİE	3. 1 TITLE				Change	☐ Addition
NAME	1			3.2 NAME					
STREET ADDRESS					TADDRESS				
CITY-ST-ZIP	<u> </u>		DELETE	34 CITY - S 4 1 THILE	ST - 7IP			Change	☐ Addition
TITLE NAME				4 2 NAME					[_] /.uu
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				44 CiTY-5					
TITLE			☐ DELETE	5. 1 TITLE				Change	Addition
NAME				5 2 NAME					
STREET ADDRESS				53 STREE	ADDRESS				
CITY-ST-ZIP				5.4 CITY-	ST - ZIP			Change	FD Addition
TITLE			☐ DELETE	6. 1 THTLE	1			☐ Change	☐ Addition
NAME STREET ADDOCESS				6.2 NAME	LADDRESS				
STREET ADDRESS				6.4 CITY - :	FADDRESS				
14. I do hereb	I v certify that the information supplie	ed with this filing	is voluntarily fun	nished and doe	s not qualify	for the exemption stated in Section 119	0.07(3)(4),	Florida Statu	tes. I further
certify that oath; that	t the information indicated on this ar I am an officer or director of the cor	nnual report or rporation or the	supplemental and receiver or truste	nual report is tr se empowered	ue and accur	ate and that my signature shall have the his report as required by Chapter 607, F	same ied	ia ellectasi	i made under
appears in	Block 12 or Block 13 if changed, o	or on an attach	ment with an add	ress.					
SIGNAT	TIRE. Julia	بر بلک	1/00/	کسوری مراد		3114196	305	273 9	BOY
SIGNAT	GRANATURE AND TYPED	OR PRINTED NAM	IE OF SIGNING OFFIC	FY SHAMES Y	V	Date		Daytime Prione	