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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

Principal Place of Business 6774 SUNSET STRIP SUNRISE FL 33313 6777 SUNRISE FL 33313 6777 SUNRISE FL 33313 6777 SUNRISE FL 33313 6777
Principal Place of Business 6774 SUNSET STRIP SUNRISE FL 33313 6774 SUNSET STRIP SUNRISE FL 33313 5 UNRISE, FLA 3. Date Incorporated or Qual-fied 3. Date of Last Report 04/25/1995 2. Principal Place of Business 3. Date Incorporated or Qual-fied 3. Date of Last Report 04/25/1995 4. FEI Number 05-01(50) Not Applied For N
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2. Principal Place of Business 2a. Mailing Address 2b. Control Sunset STRIP NOT APPLICABLE Suite, Apt. #, etc. City & State City & State Zip Country 2a. Mailing Address Suite, Apt. #, etc. City & State City & State 2b. Country 2c. Country 2c. Country 2d. Zip Country 2d. Zip
26 C71C SUNSET STRIP NOT APPLICABLE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Country 25 29 333333 30 Country 9, Name and Address of Current Registered Agent LAZAR, BARBARA 672 NW 90 TERRACE Suite, Apt. #, etc. Suite Additional Fee Required Suite Additional Fee R
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country 29 20 20 20 20 20 20 20 20 20
City & State City & State City & State Country Zip
City & State Country Country Solution Solu
Trust Fund Contribution Added to Fees
Zip Country Zip Country 8. This corporation has liamility invintangible tax under s 199 032. 24 25 29 3 3 3 3 3 6 COUNTRY Florida Statutes (Xrey No 10, Name and Address of Current Registered Agent 10, Name and Address of Liew Registered Agent 10, Name and Address of Liew Registered Agent 10, Name and Address of Current Registered Agent 10, Name and Address of Current Registered Agent 10, Name and Address of Current Registered Agent 10, Name 10, Name and Address of Current Registered Agent 10, Name 10,
9, Name and Address of Current Registered Agent 10, Name and Address of Registered Agent 81 Name DIANE FALK 82 Street Address (P.O. Box Number is Not Acceptable) 83 ON W 90 TERRACE
LAZAR, BARBARA B2 Street Address (P.O. Box Number is Not Acceptable) 672 NW 90 TERRACE
LAZAR, BARBARA 82 Street Address (P.O. Box Number is Not Acceptable) 672 NW 90 TERRACE
• 672 NW 90 TERRACE \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
PLANTATION FL 33324
FL 85 Zip Code 3 3 3 3 3
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am
familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DIANES. FALK LuineS, Alk 7-15-96
SIGNATURE OF HINF 3 - FITCH AUDITOR OF THE Beginner of Agriculture of the Beginner of Agriculture required when remaind drug 1 DB Beginner of Agriculture required when remaind drug 1 DB Beginner of Agriculture required when remaind drug 1 DB Beginner of Agriculture required when remaind drug 1 DB Beginner of Agriculture required when remaind drug 1 DB Beginner of Agriculture required when remaind drug 1 DB Beginner of Agriculture required when remaind drug 1 DB Beginner of Agriculture required when remaind drug 1 DB Beginner of Agriculture required when remaind drug 1 DB Beginner of Agriculture required when remaind drug 1 DB Beginner of Agriculture required when remaind drug 1 DB Beginner of Agriculture required when remaind drug 1 DB Beginner of Agriculture required when remaind drug 1 DB Beginner of Agriculture required when remaind drug 1 DB Beginner of Agriculture required when remaind drug 1 DB Beginner of Agriculture remainded agricultur
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D Change Addition
NAME LAZAR BARBARA 12 NAME
STREET ADDRESS 7310 N.W. 48TH COURT 1.3 STREET ADDRESS
CITY-ST-ZP LAUDEBLULFT 14 CITY-ST-ZP 14 CITY-ST-ZP Change Addition
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STREET ADDRESS 13161 NW WAR PL 23 STREET ADDRESS
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TITLE DELETE 4.1 TITLE Crange Addition
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CITY-ST-ZIP 44 CITY-S1-ZIP
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NAME 52 NAME07/19/9601072011
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STREET ADDRESS 63 STREET ADDRESS //G
CITY-ST-ZIP 64 CITY-S1-ZIP
14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further

certify that the information indicated on this annual report or supplemental annual report is true and accurate and that rny signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-24-96 954-749-1798