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

CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1996	T			etary of State OF CORPORAT	TIONS				
DOCU	MENT #	L000	70	(7)						
1. Corporation	n Name HINE WASH	and wax, II	NC.	•						
Principal Place	of Business	<del></del>	Mailing	Address				(O DOOLL OF IT BIDEL D		
508 SE KYLI PORT ST. LI	ie RD. Lucie Fl 34984			se kyle RD. T St. Lucie Fl	24004					
US			U\$	. 01. 10012 12	V1304		3. Date Incorporated or Quali		e of Last R	
2. Principal Pla	lace of Business		<b>2a.</b> Mai	lling Address			07/05/1989		)4/27/19	<b>95</b> Applied For
21			26				65-0128109		<b>⊢</b>	Not Applicable
Suite, Apt.	#, etc.		27 Sui	te, Apt. #, etc.			5. Certificate of Status Desire	d 🗅		Additional Required
City & State	e			& State			6. Election Campaign Financia	ng _		0 May Be
2 <b>3</b> Zip		Country	28 Zip		Count		Trust Fund Contribution	Ш	Added	d to Fees
24	25		29		Gount 30	, ry	8. This corporation has liability Florida Statutes	y for intangible t Yes <b>∑</b> No	ax under s	199.032,
	9. Name and	Address of Curr	ent Registered	d Agent		51'.:	10. Name and Address of N		Agent	
COTTUI	eb, sheldon	l			8		-			
	CARIBBEAN BL				8	2 Street Addr	ress (P.O. Box Number is Not Acce	eptable)		
SUITE 2	240				8	3				
MIAMI F	FL 33189				8.	4 City		·	85 Zıç	Code
***** •										
	to the provisions o	f Sections 607 05	02 and 607 150	08 Florida Statu		'	oles, and a thing of the	FL	.   '	
11. Pursuant t	co agent, or both	THE DIESTALE OF FIG	Juua. Such Cha	noe was aumon.	tes, the above	Language covers	ation submits this statement for the		<u>.                                     </u>	
11. Pursuant t or register familiar wit SIGNATURE	th, and accept the	obligations of, Se	ection 607.0505	nge was authori. , Florida Statute	tes, the above	Language covers	vation submits this statement for the rd of directors. I hereby accept the		<u>.                                     </u>	
11. Pursuant t or register familiar wit SIGNATURE	co agent, or both	obligations of, Se	ention 607.0505	rige was authori. Florida Statute	tes, the above zed by the cors.	Language covers	of Officectors. I hereby accept the	e purpose of ch appointment as DATE	anging its registered	egistered office agent. I am
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condy that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal 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, good an attachment with an address.

SIGNATURE:

SIGNATURE SIGNATURE OF PROPERTY OF SIGNING OFFICER OR DIRECTOR

3/22/96 407-3367314