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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B Mortham

Secretary of Stale

D VISION OF CORPORATIONS

1996

HERS	MENT # L132 COR, INC.	241 (9)	)		
Puncipal Place	of Business	Mailing Address		T TOBRIBLE BAT REPORT OF THE PROPERTY OF THE P	iean kibi diáin 11841 Biālk Biāli čibil đibil (180
3900 W HALLANDALE BCH BV PEMBROKE PARK FL 33023		3900 W HALLANDALE BCH BV PEMBROKE PARK FL 33023			
				3. Date incorporated or Qualified	3a. Date of Last Report
N. Etchanina I from				08/30/1989	04/25/1995
2. Епискранта Н	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
'1 Suite, Apl. #	, etc.	Suite, Apt. #, etc.		65-0163934	Not Applicable
2		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Oity & State		City & State		6. Election Campaign Financing	\$5.00 May Bo
7m.		28		Trust Fund Contribution	Added to Fees
- <b>Z</b> ip - ]	Country 25	Ζiρ <b>29</b> ]	Country 30	8. This corporation has liability for	
1	9, Name and Address of Cui		[30]	Florida Statutes Yes  10. Name and Address of New F	No No
			81 Name		TOBOTOTO NOTICE
CORTEZ, RICK 3900 WEST HALLANDALE BEACH BLVD.			82 Street Add	dress (P.O. Box Number is Not Acceptab	nia)
		BLVD.		Siess ( Tel Coll Homes to Hot Pleoopille	
PEMBR	OKE PARK FL 33023		83		
			84 City		85 Zip Code
					FL S ZIP COUR
	the provisions of Sections 607.0 d agent, or both, in the State of F , and accept the obligations of, S	502 and £07.1508, Florida Stat lorida. Such change was autho Section 607.0505, Florida Statut	utes, the above named corporation's boates.	pration submits this statement for the pur ard of directors. I hereby accept the app	rpose of changing its registered office ointment as registered agent. I am
IGNATURE	gratisić. Ispad or pristeo name of registered a OFFICERS	agent and size if appropriate (	NOTE Registered Agent signature require		DATE ICERS AND DIRECTORS IN 12
IGNATURE	gradure: Ispaid or pribbio maine of registered a OFFICERS PSD	agent and title if applicable (	NOTE Registered Agent signature require  13. 1.1 TIFLE	ed when reinstating!	DATE
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SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT.

2/20/56

989-1061 Daytine Phone #