COI ANN	PROFIT RPORATION UAL REPORT 1996	Sandra Secre	ARTMENT OF STATE: a B. Mortham tary of State CORPORATIONS		
Ì	MENT # L1753 HERN BROKERS EXCHAN	(.)		A MORINANI ARIA NIGUI KARRA RINRO ANIKR A	
Principal Place of Business		Mailing Address			OT BUBBL BUBBL BUBBL BUBBL BUBBL BUBBL
1964S SW 264 ST. Homestead FL 33031 US		P.O. BOX 343429 FLORIDA CITY FL 33034 US		3. Date Incorporated or Qualified	So Detection Devel
2 Principal F	Place of Business	loo kellanda		09/20/1989	3a. Date of Last Report 05/01/1995
21 21	riace of business	2a. Mailing Address		4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Suite, Apt	#, e lc	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	te	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζιρ 29	Country 30	8. This corporation has liability for Florida Statutes	
•	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Re	······································
19	ISSO, FRANK SR. 645 SW 264 ST. DMESTEAD FL 33031			fress (P.O. Box Number is Not Acceptab	le)
11. Pursuant office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta	502 and 607, 1508, Florida Statu le of Florioa, Such charige was	84 City tes, the above-named corporate by the corporate	poration submits this statement for the pullon's board of directors. I hereby accept	PL 85 Zip Code
SIGNATURE	Signature typed or proted name of required	agentiand like diappicable (No	Orida Statutes. It Boystored Agent signature requi		EIA'E
12.	OFFICERS A	AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
NAME	BASSO, FRANK SR.		1 2 NAME		Change Addition 6% Addition 6%
STREET ADDRESS CITY-ST-ZIP	19645 SW 264 ST. HOMESTEAD FL		1 3 STREET ADDRESS		EO3
TITLE	ST	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition O
NAME STREET ADDRESS	DELLINGER, JO ANN 19645 SW 264 ST.		2 2 NAME 2 3 STREET ADDRESS		
CITY - ST - ZIP TITLE	HOMESTEAD FL	DELETE	2 4 CITY - ST - ZIP 31 TITLE		
NAME			3 2 NAME		Change Addition
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4 CiTY-ST-ZIP		Change Addition
NAME			4 2 NAME		
STREET ADDRESS CITY-ST-ZIP			4 3 STREET ADDRESS		
TITLE		DELETE	4.4 Crity - St - Zip 5.1 Trite		Change Addition
NAME			5.2 NAME		
STREET ADDRESS City-St-Zip			5 3 STREET ADDRESS		
TIFLE		DELETE	5 4 CHY-ST-ZIP 6 1 TIFLE		Change Addition
NAME STOREY ADDRESS			6.2 NAME		
STREET ADDRESS CITY-ST-ZIP			6 3 STREET ADDRESS		
14. I do hereb	by certify that the information supplied that the information supplied to	ed with this filing is voluntarily fu	fi 4 CITY-ST-ZIP rnished and does not qual	ly for the exemption stated in Section 11	19 07(3)(k), Florida Statutes. I
made und		ctor of the corporation or the rec	enta, arinual report is true a Biver or trustee empowered	and accurate and that my signature shall d to execute this report as required by O	
SIGNAT		OR PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	6/14/96	305-247-6539 Osytone Produce