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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

(5)

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Mailing Address Principal Place of Business 10050 SW 62 AVE 10050 SW 62 AVE MIAMI FL 33156 MIAMI FL 33156 HS US 3. Date Incorporated or Qualified 3a. Date of Last Report 03/09/1995 10/05/1989 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0147246 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State  $\Box$ Trust Fund Contribution Added to Fees 23 This corporation has liability for intangible tax under s 199.032, Florida Statutes
Yes ☐ No Country Zipi 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent JONES, CHARLES L. 82 Street Address (P.O. Box Number is Not Acceptable) 9900 SW 168TH ST 83 SUITE #9 **MIAMI FL 33157** 85 Zip Code Crty 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NO) E. Registered Agent's gnature required when reinstating) (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 12. DELETE 1 1 TILLE TITLE E034 ( 1.2 NAME NAM TIMINNSKY, GEORGE R 1.3 STREET ADDRESS 10050 SW 62 AVE STRO 1 ADDRESS 14 CITY - ST - ZIP MIAMI FL (-11-51-Z)\* Change Addition [ ] DELETE 2.1016 11.15 2.2 NAME TIMINSKY, PATRICIA D NAME 10050 SW 62 AVE 2.3 STREET ADORESS STREET ADDRESS 24 CHY-ST-ZIP MIAMI FL CHY-\$1-7# Change Add-tion DELETE 3 1 TITLE T. H.E 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST- ZIP Oil) St Zin Change Addition DELETE 4.1 UTEF THEF 4.2 NAME N. Cal 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY+SI-7iP ☐ Addition DELETE 5 1 TITLE mu 5.2 NAME 5.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing 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 supplienental annual report is true and accurate and that my signature shall have the same logal effect as if made under certify 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 13 if changed, or on an officer or director of the compoundation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

5.4 CITY ST-ZIF

6.3 STREET ADDRESS

6.4 C(1Y - ST - ZIP

6 1 TILLE

6.2 NAME

SIGNATURE:

5 REFLATORESS

STREET ACORESS

OH SEZIE

THE

NAME

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

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Change