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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State DIVISION OF CORPORATIONS

1996

L30136

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DOCUN 1. Corporation		` '	N							
INIENI	ANTIONAL GREDIT & OVE	.naeka Confonktioi								
Principal Place of Business Mailing Address								, 4.4 2.4		
P.O. BOX 44 LIENFANT PL WASHINGTOI	.aza s.w.	P.O. BOX 44811 LIENFANT PLAZA S.W. WASHINGTON, DC. 20026				Date incorporated or Qualified	3a. Date	of Last Re	eport	
						11/16/1989	05	5/01/19	95	
2. Principa! Pla	ce of Business	2a. Mailing Address				4. FEI Number		Applied For		
21		26				59-3013760 Not Applicable				
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & State		City & State				6. Election Campaign Financing	npaign Financing \$5.00 May Be			
23		28		·	· ····	Trust Fund Contribution			d to Fees	
Zip	Country	Zip	Count	ry		8. This corporation has liability for i		cunder s	199.032,	
24	9. Name and Address of Curre	29	30		··-·	Florida Statutes Yes  10. Name and Address of New R	□ No	acn!		
	9. Name and Address of Corre	ent negistered Agent	8	1 Nar		10. Hame BIO Address of New F	efisieien v	gent		
PLATT, SAMUEL							<del></del>			
	ROADWAY		8			ss (P.O. Box Number is Not Acceptab	le)			
	BEACH FL 33404		8	3					- <del> </del>	
				4 City				85 Zij	p Code	
				' '			FL			
or registere familiar with	o the provisions of Sections 607.050 ad agent, or both, in the State of Fio h, and accept the obligations of, Se	J2 and 607.1508, Florida Statut rida. Such change was authoriz ction 607.0505, Florida Statutes	es, the above ed by the co s.	e-name rporatio	d corporat in's board	tion submits this statement for the pur of directors. I hereby accept the app	pose of cha pintment as l	nging its r registered	egistered office Lagent, Lam	
SIGNATURE _	Signature, typed or printed name of registered ago		TE: Flegistered A	gont signal	teriuper anul		4FAQ			
12.	OFFICERS AND DIRECTORS 1:				<del>-,</del>	ADDITIONS/CHANGES TO OFF				
TILE	DIATT CAMINEL			1. 1 TITLE			L.	] Change	☐ Addition	
NAME	1302 BROADWAY		1.2 NAM	ET ADDRE	-00					
STREET ADDRESS	RIVIERA BEACH FL			: ET AUUNI - ST- ZIP	:55					
CITY-ST-ZIP TITLE		DELÉTÉ 2 1						] Change	☐ Addition	
NAME		hand '	2 2 NAM				<u></u>			
STREET ADDRESS			2.3 STR	ET ADDRE	ss					
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TITLE		☐ DELETE	3 1 7(1)	.E				] Change	■ Addition	
NAME	li.		3 2 NAM	16						
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CITY-ST-ZIP		FTI DELETE		-ST-ZIP				Change	☐ Addition	
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STREET ADDRESS				EET ADDRI '- S1 - ZIP	:05					
CITY - ST - ZIP TITLE		DELETE	5 1 TIT		-		Г	Change	Addition	
NAME		L	5 2 NAN				_	y.		
STREET ADDRESS				eet addri	ESS					
CITY-ST-ZIP				- ST- ZIP						
TITLE		DELETE	6. 1 TIT	-				Change	☐ Addition	
NAME			6.2 NAN	NF.						

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 supplemental annual report is true and accurate and that my 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.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

April 15, 1996

Day

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CR2E034 (12/95)