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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

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200 14	4, INC.							
ncipa! Place o	of Business	Mailing Address			f ill diet in auf arrite arere so	### ##################################	61#EL M4M11 M1M	31 414 11 414 11 184
% MARIA FEI 933-937A WA	rreira Ishington ave	% MARIA FERRE 933-937A WASHI	NGTON AVE					
MIAMI BEACH	H FL	MIAMI BEACH FI	<u>.</u>		 Date Incorporated or Qualified 03/08/1990 		e of Last R 05/31/19	•
Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number			Applied For
,		26			65-0177485	·		Not Applicat
Suite, Apt. #,	, etc.	Suite, Apt. #, etc) .		5. Certificate of Status Desired		, .	Additional Required
City & State		City & State			6. Election Campaign Financing			O May Be
Oily & State		28			Trust Fund Contribution		Acide	d to Fees
Zιρ	Country	Ζiρ	—	intry	8. This corporation has liability for		tax under s	199.032,
	25	29	30		Florida Statutes Ye 10. Name and Address of New	s No	Agent	
	9. Name and Address of Curr	rent Registered Agent		81 Name	IV. Marile and Address of Non-	i logistoro	- Agoin	
				1	JD O. David Lambar in Alat Accepto	blo		
	RA, MARIA			82 Street Addi	ress (P.O. Box Number is Not Accepta	ioie)		
933-937A WASHINGTON AVE MIAMI BEACH FL			83					
MIMMI	DEAUN FL			84 City			85 Z	ip Code
					ration submits this statement for the proof of directors. I hereby accept the an	Fl	-	•
NATURE	Signature, typed or printed name of registered as	gent and title if applicable	(NOTE: Registere	d Agent signature require	ration submits this statement for the plant of directors. Thereby accept the ap	DATE		
SNATHRE	Signature, typed or printed name of registeroid a		(NOTE: Registered	d Agent signature require		DATE		ORS IN 12
SNATURE s	Signature, Isped or printed name of registered a OFFICERS / PD FERREIRA, MARIA	gent and title it applicable AND DIRECTORS	(NOTE: Registere 13.	d Agent signature require	ad when reinstaling)	DATE	ID DIRECTO	ORS IN 12
NATURE s	OFFICERS : PD FERREIRA, MARIA 260 EUCLID AVE. #1	gent and title it applicable AND DIRECTORS	(NOTE: Registere 13. , 1.1 1.2 h	d Agont signature require TITLE LAME STREET ADDRESS	ad when reinstaling)	DATE	ID DIRECTO	ORS IN 12
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