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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

DIVISION OF CORPORATIONS

Secretary of State

1996

DOCUMENT # L56533

(7)

SOLPOTATION MAINE

STEFAN & STEFAN, INC.



Principal Place	Mailing Address									
7220 N.W. 36 SUITE 602	·	7220 N.W. 36TH ST. SUITE 602								
MIAMI FL 33	100	MIAMI FL 33166				3. Date Incorporated or Qualified 03/12/1990	3a. Date 05	of Last F 5/01/19	•	
	ace of Business	2a. Mailing Address				4. FEI Number			Applied For	
21		26				65-0243760			Not Applicable	2
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required	
City & State	3	City & Stato	—- ₁ '			Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees			
Ziρ	Country	Zφ	Zip Gou			8. This corporation has liability for in	tangible tax under s. 199.032,			
24	25	29	l			Florida Statutes Yes No				
A. J. A. A	9. Name and Address of Curre	nt Registered Agent		ļ		10. Name and Address of New Re	egistered A	gent		
				81	Name					
STEFAN	I, RAMON			82	Street Add	iress (P.O. Box Number is Not Acceptabl	6)			\dashv
7220 NV	N 36TH ST									
STE 602	2			83						
MIAMI F	L 33166			84	City		FL	85 Z	ip Code	
or registere	ed agent, or both, in the State of Flori	ida. Such change was author ize	ed by the i	.Ll ove-na corpor	med corpo ation's boa	oration submits this statement for the purpard of directors. I hereby accept the appo	ose of char	ding Its registered	registered offic d agent. I am	æ
familiar wit SIGNATURE	th, and accept the obligations of, Sec	tion 607.0505, Florida Statut es .	•							
	Styreture, typed or printed name of registered agen			1 Agont s	ignature requin	ed when reinstaling)	DATE		//···	1
12.	L	ID DIRECTORS	13.		···	ADDITIONS/CHANGES TO OFFI				{
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STREET ADDRESS	7220 NW 36 ST., STE 602	1.3 \$		TREE I AL	DDRESS					[
C-TY-ST-ZIP	MIAMI FL			ITY-ST-	ZIP					\^
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NAME			3.2 N.							
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CITY-ST-7IP TITLE		DELETE)	***************************************	ITY-SI-	<i>(</i>)r	-05/22/96011		Line Pichance	Addition	{
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		17	<i>7</i> I				£.		17/2	
NAME PYDELL ADDRESS		// /	6.2 N		Lonree				/ H	
STREET ADDRESS		// /	Ŀ	TREFT AS						
CITY - ST - ZIP	L	/ /	6.4 C	11Y-\$1-	(1 ^p 1					

I do hereby certify that the Information supplied with the filing is voluntary 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 the 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 or in attempt with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-96 (305) 443-717/