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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation Name

Principal Place of Business

SIGNATURE:

DOCUMENT #

L78675

(0)

Mailing Address

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TRANSMISSION	IUKUUL	CONVERTER.	ING.

79 NORTHWEST 20TH STREET MIAMI FL 33127			79 NORTHWEST 20TH STREET MIAMI FL 33127					
						3. Date Incorporated or Qualified 06/05/1990	3a. Date of Last Report 04/17/1995	
2. Principal Pla	ce of Business	2a. Mailing A	ddress	***********		4. FEI Number	Applied For	
21		26				65-0194261	Not Applicable	
Suite, Apt. #	, etc.	Suite, Api	t. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & Sta	ate			6. Election Campaign Financing	\$5.00 May Be	
7io	Country	28	-			Trust Fund Contribution	Added to Fees	
Zip 24	Country 25	Ζιρ 29]	h	Country 8. This corporation has liability for intangible tax under s 199.03.				
	9. Name and Address of Curr		[30] ent		Fiorida Statutes Yes No 10. Name and Address of New Registered Agent			
	· · · · · · · · · · · · · · · · · · ·			81	Name	In the same state of the same	Sistered Adent	
JERNIG	AN, JEFFREY			82	Ctrool /	Addison (D.O. Doy Nigaphor is Not Assentable		
79 NOR	RTHWEST 20TH STREET			04	Street Address (P.O. Box Number is Not Acceptable)			
	FL 33127			83				
				84	City		In-I 7: O. I	
					' '		FL 85 Zip Code	
Oi registere	o the provisions of Sections 607.05 id agent, or both, in the State of Fic n, and accept the obligations of, Se	onua, Sacri Chande W	as aumorized by the	oove r	named co oration's l	rporation submits this statement for the purp board of directors. I hereby accept the appoi	ose of changing its registered office ntment as registered agent. I am	
SIGNATURE	algueture, typed or printed name of registered ag-	on one side Lagrahastic.	AIOTE: Projects	~ 1~ ·				
12.		ND DRECTORS	NOTE: Hegister		it signame re	aquireo which reinstating! ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12	
THILE	PSDT			TITLE			Change Addition	
NAME	JERNIGAN, JEFFREY		1.2	NAME				
STREET ADDRESS	79 NORTHWEST 20TH ST	REET	1.3	STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33127		1.4	CITY-S	iT-ZIP			
TITLE	VP			THE	,		Change Addition	
NAME	Jernigan, Jeffrey		2?	NAME				
STREET ADDRESS	79 NORTHWEST 20TH ST	REET	23	STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33127			CITY-S	I - ZIP			
TITLE		[] [DELETE 3 1	TITLE			Change Addition	
NAME			3.2	NAME				
STREET ADDRESS			33	STREET	address			
CITY-ST-ZIP				CHY-S	I-ZIP			
TITLE		[][TITLE			Change Addition	
NAME Oversy appreces				NAME	1			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP TITLE				CITY-S	I-ZIP			
NAME		<u>ا</u> ا		TITLE			Change Addition	
STREET ADDRESS				NAME				
					ADDRESS		į	
CITY-ST-ZIP TITLE				CITY-SI	(-7IP			
NAME		Ļ٠		TIFLE	1		Change Addition	
STREET ADDRESS				NAME	: approp			
CITY-ST-ZIP					ADDRESS			
44 1 1 1 1 1 1			6.4	CITY - S	1 · ZIP			

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), Fiorida 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.

Jettery T. Jernigan 430/96