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

SIGNATURE:

(1)

DOCUMENT # 1. Corporation Name DADE PROJECT MANAGEMENT, INC.

PursSpal Place of 140 G. PNOSP CORAL GADES	coron, % kunlcal-Wiese, core solso Unit #6105	Mailing Address 4/0 Tac. 190 8: PROCEEDED OF SECOND CARDES 11 SECOND	e Unit 1					
F.P.O. AA 34061					3. Date incorporated or Qualified 07/05/1990	3a. Date of Last Report 05/01/1995		
		2a. Mailing Address			4. FEt Number	00)0		plied For
. Principal Flaci	e of Business	26 Clo kunkel-1	Wiese To	ı¢.	52-1691569			t Applicable
Suite Apt. #,	#, etc Suite, Apt. #, etc		, etc.		5. Certificate of Status Desired	X \$	\$8.75 Additional Fee Required	
Oity & State	Staro City & S coli, fanoma 28 F.A.		y & State , P. O .		6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees		
Ziji	Country 25 Rep. of Panum	Ζp	30 340	•	8. This corporation has liability for in Florida Statutes Yes	No No		99.032,
•	9. Name and Address of Curren	t Registered Agent	81		10. Name and Address of New R	egistered Age	nt	
	the provisions of Sections 607 0.000 d agent, or both, in the State of Floring, and according of Sections of,			City Mia	ass (P.O. Box Number is Not Acceptable 19-C. S.W. 40 H. Street 19-C. S.W. 40 H	FL F	1337	Code S gistered office gent. I am
SIGNATURE SI	Lynathia is and a primitivation of the same agent	and tile mapple arise (NC	rt Suell III: Ragistered Ag	' ሲያ ont signature required	d when reinstating:	CATE		
2.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFF			
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REFT ADDRESS	% KUNKEL-WIESEINC., UNIT	1 6105	1	ET ADORESS				
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HELL ADDRESS	FPOMI AA 34061	0100	2 4 CITY					
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ABERT ADDRÉSS		111	64.00	(-SI-ZIP				
ir v St 7lf 14. I do hereby	y certify that the information supplied	with this ting is voluntarily fur		1	for the exemption stated in Section 119	9.07(3)(k), Florid	a Statute	s. I further
certify that	the information indicated an this and Lam an officer or director of the corn Block 12 or Block 13 it shanged, o	nyarreget or supplemental and realign or the receiver or trust on a lattaghment with an add	nual report is ee empowere dress.	true and accura id to execute th	for the exemption stated in Section 11st ate and that my signature shall have the his report as required by Chapter 607, F	Florida Statutes	and that	t my name

James J. Wiese 2/29/96 011-507-272-6450