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

**CCRPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

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DOCUM 1. Corporation N		67 (0)				) I MANGANE AN AGANA AGANA GANGA ANNA N	DIG BIGHI BABA BIBII BIGH BIBIK BABA ABA
Principal Place o	of Business	Mailing Address				) (Attach to days can a susa and	184 81841 84841 84841 84841 84841 48941 4894
2610 N.E. 1881 Miami Fl 3316		2610 N.E. 188TH ST. MIAMI FL 33180					
						3. Date Incorporated or Qualified 01/04/1985	3a. Date of Last Report 07/07/1995
2. Principal Place	ce of Business	2a. Mailing Address				4. FEI Number 59-2488517	Applied For Not Applicable
Suite, Apit. #,	etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			<del></del>	6. Election Campaign Financing	\$5.00 May Be
<b>Z</b> ip	Country	<b>Z</b> ip	Co	untry		Trust Fund Contribution  8. This corporation has liability for in	Added to Fees
4	25	29	30			Florida Statutes  Yes	<del></del>
	9. Name and Address of Curren	t Registered Agent		- 04		10. Name and Address of New Re	gistered Agent
	1 mil 11 mil 12			81			
	l, tyler k w 4th street			82	Street Addr	ess (P.O. Box Number is Not Acceptable	1
	M 41H SINCE MON FL 33325			83			
I DANIA	NOW I E GOODS			84	City		85 Zip Code
					'	ation submits this statement for the purp	FL 8 2 P COAC
familiar with SIGNATUREs  12.	n, and accept the obligations of, Sect senature, typed or printed name of registered agent OFFICERS AN	and the mappicable (NC	TE Registeri	x1 Ager	nt signature required	d of directors. I hereby accept the appointmental of ADDITIONS/CHANGES TO OFFICE	DAYL
TITLE	ST DETA	Ditter	- 1	NAME			C sverige C variable
NAME STREET ADDRESS	MICHELL, BETH 11961 N.W. 4TH STREET				r address		
CITY-ST-ZIP	PLANTATION FL		1,4	CITY - S	ST-ZIP		
TITLE	P	DELETE	2 1	TITLE			Change Addition
NAME	MITCHELL, TYLER			NAME			
STREET ADDRESS	11961 NW 4TH ST.				T ADDRESS		
CITY-ST-ZIP TITLE	PLANTATION, ACRES,FL.	[ ] DELETE		CITY - S TITLE	S1 - ZIP		Change Addition
NAME				NAME			
STREET ADDRESS			33	STREE	T ADDRESS		
City-St-ZiP			3 4	CiTy-	ST-ZIP		F-1
TITLE		☐ DELETE		TITLE			Change Addition
NAME				NAME			
STREET ADDRESS					T ADDRESS		
CITY-ST-ZIP TITLE		[] DELĒTĒ		TITLE	ST-ZiP		Change Addition
NAME		٥		NAME			
STREET ADDRESS			53	STREE	1 ADDRESS		
CITY-ST-ZIP			5.4	CITY-	ST-21P		
TITLE		☐ DELETE	6.	TITLE			☐ Change ☐ Addition
NAME				NAME	į.		
STREET ADDRESS					r address		
CITY+S1-ZIP	v certify that the information supplied	with this filing is voluntarily fun	olabad aa	d do	ST-ZIP es not qualify I	for the exemption stated in Section 119.0	07(3)(k), Florida Statutes. I further
certify that oath; that i	the information indicated on this anni am an officer or director of the corp Block 12 or Block 13 if changed or	ual report or supplemental and oration or the receiver or trusted an attachment with 1 add	nual repor ee empov ess.	t is tr rered	ue and accure to execute th	ate and that my signature shall have the is report as required by Chapter 607, Fk	orida Statutes; and that my name
SIGNAT	URE:	R PRINTED NAME OF SIGNING OFFICE	W.	Τy	LER !	MICHEU 4-16-96	305 - 935 5600 Dayline Phone #