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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

. Corporation	MENT # M1317 ERATION, INC.	75 (8)					
incipal Place of Business 1455 N.W. 107 AVENUE MIAMI FL 33172		Mailing Address 1455 N.W. 107 AVENU MIAMI FL 33172	E			Bill Bion Dion Gion	01011
US		US			3. Date Incorporated or Qualified 03/26/1985	3a. Date of Let	
Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number 59-2552732	<u> </u>	Applied For
Sifte, Apt. #, etc. Oity & State		26		5. Certificate of Status Desired		Not Applicable .75 Additional	
				6. Election Campaign Financing		ee Required .00 May Be	
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Ζφ 	Country 25	Zip 29	Gountry 30	y	B. This corporation has liability for in Florida Statutes Yes	□No	
	9. Name and Address of Curren	nt Registered Agent	81	Name	10. Name and Address of New Ro	egistered Agent	
GOMEZ, MARIA O 19355 TURNBERRY WAY #3-J			92		ress (P.O. Box Number is Not Acceptabl	le)	
					ress (r.o. box number is not Acceptable		
AVENT	URA FL 33180		83	3			
			84	City		FL B5	Zip Code
or respister	to the provisions of Sections 607.0502 red agent, or both, in the State of Florid ith land ancept the obligations of, Secti	da. Such change was authorizi	ed by the corp	named corpor poration's boar	ration submits this statement for the pury rd of directors. I hereby accept the appo	pose of changing pintment as regist	its registered offic ered agent. I am
or register familiar wi GNATURE	red agent, or both, in the State of Florid ith land ancept the obligations of, Sections of Sections of Sections of Sections and the section of the Section o	da, Such change was authorize ion 607,0505, Florida Statutes and the suplease (NO D DIRECTORS	ed by the corp	named corpor poration's boar and agnature require	rd of directors. I hereby accept the appo	DATE CERS AND DIRE	ered agent. I am CTORS IN 12
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centry man me information indicated on this armular leport or supplemental armular leport is true and accurate and that my signature shall have the same legal effect as if made under outh 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. SIGNATURE: 1 Date Daytima Phone #