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CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # MAGGO1

161

) PONCE D	ce of Business DE LEON BLYD ES FL 33134	Mailing Address P O BOX 149005 CORAL GABLES FL 3311 US	4-9005					
					3. Date Incorporated or Qualified 08/11/1986		ate of Last R /09/1996	eport
Principal P	Place of Business	2a. Mailing Address			4. FEI Number 59-2702857			plied For at Applicable
Suite, Apt.	. #, etc	Suite, Apt. #, etc.					\$8.75	
		27			5. Certificate of Status Desired		Fee Re	equired
City & Stat	te	City & State			6. Election Campaign Financing		\$5.00 Added t	
Z _I p	Country		Count	try	Trust Fund Contribution 8. This corporation has liability for			
· 	25	29	30		Florida Statutes	Yes	□No	
	9. Name and Address of Curr	ent Registered Agent		Name	10. Name and Address of New	Registered	Agent	
HASSINE, SIMON 1701 PONCE DE LEON BLVD					'	ı		
	RAL GABLES FL 33134		18	Street Add	fress (P.O. Box Number is Not Accep-	table)		
00,	TOTAL ON EDITOR I FOR THE		8	13	·			
			E	14 City			85 Zip	Code
				1		FL	_ `	
office or r agent. La	t to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the ob	502 and 607.1508, Florida Statule of Florida. Such change was ligations of, Section 607.0505, F	ites, the abo authorized forida Statul	ove-named cor by the corpora tes.	poration submits this statement for thation's board of directors. I hereby accounts	e purpose i cept the ap	pointment as	registered
	Signature, typical or printed name of registered	_			poration submits this statement for thation's board of directors. I hereby accurred when reinstating) ADDITIONS/CHANGES TO OF	DATE		
SNATURE	Signature, found or printed name of registered OFFICERS A	agent and title if applicable (NC	TE Registered A	Liper erutangia triaga	ried when reinstating)	DATE		RS IN 12
E E	Signature, spired or printed name of registered OFFICERS A PD HASSINE, SIMON	agent and title if applicable (NC	TE Registered A 13. 1.1 TITL 1.2 NAM	Agent signature requi	ried when reinstating)	DATE	ID DIRECTOR	IS IN 12
NATURE E FI ADORESS	Signature, typical or printed narrie of registered. OFFICERS A PD HASSINE, SIMON II GROVE ISLE \$1210	agent and title if applicable (NC	13. 1.1 TITL 1.2 NAM	Agent signature requires	ried when reinstating)	DATE	ID DIRECTOR	IS IN 12
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Feb 11 1997 8:00am

Secretary of State

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