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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

M44854

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| Ν | IAHY | (NDALI | : CUH | PUHA | HUN | OF FL | ORIDA. | INC. |

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|--|-------------------------------|--|---|--|---------------------------------------|---------------------------|--------------------|----------------------------------|---|------------------------|------------------------------------|-----------------------------------|----------------|--|--|
| Principal Place of Business Mailing Address | | | | | | | | | | | | | OAF DIŞIH IOOI | | |
| 7610 S.W. 61 ST. AVE. 7610 S.W. 61ST AVE. MIAMI FL 33143 US | | | 7610 S.W. | 7610 S.W. 61 ST. AVE. 7610 S.W. 61ST AVE. MIAMI FL 33143 US | | | | Date Incorporated or Qu | alified | 3a. Date of Le | | | | | |
| . 0 | | | D- Mallion A | el duo o o | | | | 01/15/1987 FEI Number | | 04/25 | <u> </u> | | | | |
| 21 | Principal Place of Business | | 26. Waling A | 2a. Malling Address | | | 4. | 59-2781707 | | | | plied For it Applicable | | | |
| | Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | | | | | | | |
| 22 | | | | 27 | 27 | | | 5. | Certificate of Status Des | ired [| | \$8.75 Additional Fee Required | | | |
| 23 | City & State | | | City & Sta | City & State | | | 6. | Election Campaign Finar Trust Fund Contribution | ncing [| \$5.00 May Be Added to Fees | | | | |
| | ip. | | Country | Zip | · · · · · · · · · · · · · · · · · · · | | | 8. | This corporation has liab | ility for inta | | | | | |
| 24 | | 2 | 25 | 29 | | 30 | • | | • | Yes 1 | • | | 501002., | | |
| | | 9, Name a | and Address of Curr | ent Registered Age | | | | 10. | Name and Address of | New Reg | stered Agen | t | | | |
| • | | NE, JAMES NOR LANE L 33143 | | | | 81 82 83 | Du Street 63 | idley 7 Address (P 358 Mar | Thomas .O. Box Number is Not Ar nor Lane | cceptable) | | 1 7.0.1 | Codo | | |
| • | | | | | | 04 | M1 | ami | | | FL 85 | | 143 | | |
| • | or registere familiar with | o the provision ad agent, or b h, and accept | ns of Sections 607,05 both, in the State ON Id the obligations of S | 02 and 607.1508, Floorida. Such change wastion 607.0505, Flori | vas authorized ida Statutes. | the above d by the cor | named co | orporation s | submits this statement for irectors. I hereby accept t | the purpo he appoin | ose of changing itment as regis | its rec | istered office | | |
| 3(3) | NATURE _ | Signature, typed or | printed name of registral Fig. | ian and little if applicable. | ⇒ (Noi) | E. Registered Agr | nt signature r | required when n | einstating) | | DATE | | | | |
| 12. | | | OFFICERS 4 | DIFECTORS | | 13. | | | ADDITIONS/CHANGES | TO OFFICI | ERS AND DIRE | .CTOR | \$ IN 12 | | |
| TITLE | | PD | | | DELETE | 1. 1 TITLE | | | | | ☐ Cha | ≱nge | Addition | | |
| NAME | (1,10),,,(0) | | | 1.2 NAME | | | | | | | | | | | |
| STREE | ET ADDRESS | | NOR LANE | | | 1.3 STREE | T ADDRESS | | | | | | | | |
| | ST-ZIP | MIAMI F | <u> </u> | | DELETE | 1.4 CITY - | | | | | | | | | |
| TITLE | | VTS | NE 111150 | ťΧ | DELETE | 2 1 TITLE | | S/T | | | [2] Cha | inge | ☐ Add-tion | | |
| NAME | | | | | 2.2 NAME | | Jacklyn Cardoso | | | | | | | | |
| | 6358 MANOR LANE | | | | 2.3 STREET ADDR | | 6150 | S.W. 76 Stree | ≥t | | | | | | |
| CITY- | -ST-ZIP | MIAMI F | <u> </u> | | DELE 1E | 2.4 CHY- | | Miami | L, FL 33143 | | F1 (a) | | C Addison | | |
| NAME | | D | NE, JAMES | ιχ | DECTE | 3 1 1 ITLE | | | | | Cha | rige | Addition | | |
| | ET ADDRESS | | NOR LANE | | | 3.2 NAME | | | | | | | | | |
| | | MIAMI F | | | | | ET ADORESS | | | | | | | | |
| TITLE | ·ST-ZIP | MIMMI F | <u>L</u> | | DELETE | 3.4 City - 4. 1 Title | | ļ | | • | [] Chi | anne | Addition | | |
| NAME | | | | | DECETE | 4.2 NAME | | | | | | ii igc | L Addition | | |
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| | ST-ZIP | | | | | | | | 700001 | 181 | 1417 | | | | |
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| NAME | i | | | <u></u> | | 5 2 NAME | | | 700001 05/07/96- ***200.00 | | -1==1-v | ı. | | | |
| | ET ADDRESS | | | | | | T ADDRESS | | | | | | 412 | | |
| | -ST-ZIP | | | | | 5.4 DITY- | | | | | (- |] , | 10 | | |
| TITLE | | | · | г | DELETE | 6. 1 TITLE | | | | | \rightarrow n chi | 112 | ☐ Addition | | |
| NAME | 1 | | | | | 6.2 NAME | | | | | · 🗀 🐃 | J'' | | | |
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| CITY-ST-ZIP | | | | 64 C(1Y-S1-ZIP | | | | | | | | | | | |
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Too 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). Florida Statutes. If 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, expon an attachment with an address.

SIGNATURE: S

STORMATURE AND THESE OF FRINTED NAME OF SIGNING OF FICER OR DIRECTOR THOMAS April 30, 1996 (305) 284-1300