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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 1. Corporation Name

M52898

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| Principal Place o | of Business | Mailing Address | | | | | | |
|--|--|---|--|--|---|-------------------|---------------------------------------|--|
| C/O JESUS O 20283 OLD CL MIAMI FL 3318 | . Couret Itler RD | C/O JESUS O. COUR 20283 OLD CUTLER R MIAMI FL 33189 | TLER RD | | | | | |
| US | | US | | | | | of Last Report 2/02/1995 | |
| Procipal Plac | ce of Business | 2a. Mailing Address | | | 4. FEI Number 65-0034648 | | 17 | Applied For |
| Suite, Apt. # | | Suite, Apl. #, etc. | | | | | · · · · · · · · · · · · · · · · · · · | Not Applicable Additional |
| | | 27 | | | 5. Certificate of Status Desired | | | Required |
| City & State | | City & State | | | Election Campaign Financing Trust Fund Contribution | | | May Be |
| Zip | Country | Zip | $\overline{}$ | untry | 8. This corporation has liability for | | | |
| | [25] | 29 | 30 | т ———— | | □ No | | |
| | 9. Name and Address of Curre | nt Registered Agent | | 81 Name | 10. Name and Address of New F | Registered / | igent | |
| COURET. | JESUS O. | | | | | | | |
| | .D CUTLER RD | | | 82 Street Addr | ress (P.O. Box Number is Not Acceptat | ole) | | |
| MIAMI FL | 33189 | | | 83 | | | | |
| | | | | 84 City | | | 85 Zip | o Code |
| | | | | | ration submits this statement for the pu | FL | | |
| | Upictore, typed or printed name of registered agen | card the inapoleable (N | OTE, Registeren | d Apent signature record | -C when renstative) | DATE | | · |
| 2. · · · · · · · · · · · · · · · · · · · | | ID DIRECTORS | 13. | d Agent signature require | co where reinstating) ADDITIONS/CHANGES TO OFF | DATE ICERS AND | DIRECTO | IRS IN 12 |
| 2. 2. | OFFICERS AN | | 13. | TITLE | | ICERS AND | DIRECTO Change | IRS IN 12 |
| e. Ef | PVD COURET, JESUS O. | ID DIRECTORS | 13. 1 1 T 1.2 N | TITLE | | ICERS AND | | |
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

certify that the information indicated on this armival 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, or on arguitachment with an address.

GNATURE: Source 6691-336 (208)

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