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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

1996		No. of the control	DIVISION OF CORPORATIONS					
DOCUI	MENT #	M57152	(4)					
DATA /	AIRE INC.					h saturani dal ansil sadan diada dini d	HAN BIRIN HANN RIRIN BIR	<u> </u>
Principal Place	of Business		failing Address					
5557 W. OAKLAND PARK BLVD.			5557 W OAKLAND PARK BLVD.					
SUITE 315			SUITE 315	N DEVU.				
LAUDERHILL US	FL 33313		LAUDERHILL FL 33313 US			3. Date Incorporated or Qualified	3a. Date of Last	Report
					·	08/11/1987	05/25/19	995
2. Principat Pl. 21	ace of Business	2a 26	. Mailing Address			4. FEI Number 59-2837666		Applied For
Suite, Apt	#, etc.	201	Suite, Apt. #, etc				\$8.7	Not Applicable 75 Additional
22		27]				5. Certificate of Status Desired	1 1	e Required
Oity & State	5	28	Orty & State			Election Campaign Financing Trust Fund Contribution		00 May Be
Zip	Co.	intry	Zip	Country		8. This corporation has liability for it		s 199.032
24	25	29		30		Florida Statutes 🔀 Yes	□No	
	9. Name and Ad	dress of Current Regi	stered Agent	81	Name	10. Name and Address of New R	egistered Agent	
ZESSIN.	.IOHN					000		
	OAKLAND PARK	BLVD.		82	Street Add	lress (P.O. Box Number is Not Acceptab	le)	
SUITE 3				83				
LAUDER	HILL FL 33313			84	City		65	Zip Code
11. Pursuant t	o the provisions of S	ections 607,0502 and 60)7.1508. Florida Statute	is the above r	amed come	ration submits this statement for the pur	FL of changing its	secietared office
or registeri	ea agent, or both, in	the State of Florida, Suc ligations of, Section 607	n chance was authorze	ed by the com	oration's boa	and of directors. I hereby accept the appoint	ontment as registere	ed agent. I am
SIGNATURE .								
12.	Signation types or printed to	OFFICERS AND DIREC		TE Bilgistered Agen	t signature require	as when reinstating! ADDITIONS/CHANGES TO OFFI	DATE	CODE IN 140
TILF	PST		DELETE	1 1 TIFLE	·	ADDITIONS/ORANGES TO OFFI	Change	
NAM:	ZESSIN, JOHN			1.2 NAME				
STREET ADDRESS		and Park Blvd.		1.3 STREET				
CMY SI-26 Tille	LAUDERHILL FI	<u> </u>	DELETE	14 CHY-S 2 1 THILE	I - ZIP		☐ Change	e
NAME				2.2 NAME				
STREET ALURESS				2 3 STREET	address			
TITLE			FT for Fr	240TY-S	1 - 7iP			
NAME			DELFTE	3 1 T-TLE 3 2 NAME			Change	e 🔲 Addition
STREET ADDRESS				3.3 STREET	ADDRESS			
Cotr St 70				3.4 Cilly - \$	- 1			
TILF			DELETE	4 1 TITLE		7/4	☐ Change	Addition
NAME STREET ACOR: SS				4.2 NAME				i
Cifn - St-Zie				43 STREET				
THUE			DELFT:	4.4 CHTY+S 5.1 THTLE	1-417		Change	Addition
NAME.				5.2 NAME				
STREET ACORESS				53STREFT	adoress			
CC + - \$1 - 7/2			C) per ste	5.4 C (1 Y - S)	- ZIP			
TIDLE NAME			DELETE	6 1 T:TLE 6 2 NAME			Change	. Addition
STREET ADDRESS				6.3 STREET.	ADDRESS			
CIY ST ZiP				6.4 CITY - ST	-20F			j
14. I do hereby	certify that the information indi-	nation supplied with this	filing is voluntarily furnis	shed and does	not qualify f	or the exemption stated in Section 119.3)7(3)(k), Florida Stati	utes. I 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, or on an attainment with an address

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR