FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNU	JAL REPORT	Secretary	y of State ORPORATIONS	Secreta	ry of State
DOCUI	MENT # M5775 NUM GROUP CONSTRUCT	\		1 th 0 th 0 th 1 th 1 th 0 th 1 th 0 th 1 th 1	al alam alam alam alam alam alam alam lari
Principal Place of Business 12314 SW 132ND CT MIAMI FL 33186 US		Mailing Address 12314 SW 132ND CT MIAMI FL 33188-8451 US			
			***	3. Date Incorporated or Qualified 08/21/1987	01/22/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number 59-2844697	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	0	City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip 29	Country	8. This corporation has liability fo	r intangible tax under s. 199.032,
24	9. Name and Address of Curr		30	Florida Statutes 10. Name and Address of New R	
MCC	CAUL, KENNETH L		81 Name		
12314 SW 132ND CT			62 Street Add	Iress (P.O. Box Number is Not Accepta	able)
MIA	MI FL 33186		83	<u> </u>	
			84 City		FL 85 Zip Code
office or r agent La				poration submits this statement for the tion's board of directors. I hereby according to the tion's board of directors.	
12.	Significal typed or printed name of registered a	agent and title if applicable. (NOTE ND DIRECTORS	Registered Agent signature requ	red when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12
TITLE	DP	DELETE	1.1 Title	ADDITIONS/CHANGES TO OFF	Change Addition
NAME	MCCAUL, KENNETH		1.2 NAME		
STREET ADDRESS	12314 SW 132ND CT		1.3 STREET ADDRESS		
CHTY-ST-7#P	MIAMI FL	☐ DELETE	1.4 CITY-ST-ZIP 21 TITLE		Change Addition
NAME			22 NAME		Lin Ostalingo Lin Addition (
STREET ADDRESS			2.3 STREET ADDRESS		
DIY-SI-ZIP			2. 4 CITY-ST-ZIP		
TRLE		DELETE	3.1 TITLE	•	Change Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-7/P			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	······································	☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		·
TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME ;	•	Lad DECCTE	5.2 NAME		ET ANNING ET VANIENT
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-S1-7IP		····	5.4 CiTY-ST-ZIP		
TIFLE		DELETE	6.1 TITLE	•	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. If do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 15 if changed, or on an attachment with an address.

SIGNATURE:

FILED

May 05 1997 8:00am