	PROFIT RPORATION UAL REPOF <b>1996</b> MENT #	T	Sec DIVISION	dra B. Morthe retary of Sta OF CORPOR	am te			
1. Corporatio			JU (U)	)				
Unit								
Principal Place of Business Mailing Address					I INKIKOII IKI INNI ANIKO IKUKA K	1888 ANN BIBIA RIBH GA	UN DIBIN D'INI BIRIN IDDI	
10866 SW 1 MIAMI FL 3	188 STREET 13157		10866 SW 188 STR Miami FL 33157	EET				
						3. Date Incorporated or Qualified 03/01/1988		ast Report 3/1995
— - ·	lace of Business		2a. Mailing Address			4. FEI Number		Applied For
21 Suite, Apt.	#, etc.		26 Suite, Apt. #, etc.			65-0038809 5. Certificate of Status Desired	\$	Not Applicable 8.75 Additional
22 City & Stat	te		27 City & State	······································		6. Election Campaign Financing	¥	Fee Required
23] Zip		Country	<b>28</b> Zip		untry	Trust Fund Contribution		Added to Fees
24	25	,	29	30	,	8. This corporation has liability for Florida Statutes	əs 🗹 No	
	9. Name and	Address of Curren	nt Registered Agent		81 Name -	10. Name and Address of New Tegzes, Francine		nt PA
TEEZED, FRANCINE E. CPA					82 Street Add	dress (P.O. Box Number is Not Accepta	able)	<u> </u>
	W 184TH ST. FL 33157				83	Same		
					84 City		- 8	5 Zip Code
familiar wi	ith, and accept th	e obligations of. Secti				and of directors. I have he accout the an	naintment or reai	etorodiacont Loop
	Signature, typed or pri	ited name of registered agent OFFICERS ANI	and title if applicable (	es.	Agent signature requi	red when reinstaing: ADDITIONS/CHANGES TO OF	DATE.	
SIGNATURE	D	ited name of registered agent OFFICERS ANI	and title if applicable (	IBS. (NOTE: Registered 13. 1.1.1	Agent signature requi	rod when reinstating;	DATE.	ECTORS IN 12
<b>12.</b> The NAME	1	ited name of registered agent OFFICERS ANI	and title if applicable ( D DIRECTORS	IES. NOTE: Registerec 13. 1.1 T 1.2 N	Agent signature requi	rod when reinstating;	DATE FICERS AND DIR	ECTORS IN 12
<b>12.</b> THLE NAME STREET ADDRESS C-TY - ST - 7IP	D MCDANIEL	ited name of registered agent OFFICERS ANI JACK 139TH PL	and the Lappicable ( D DIRECTORS	Ies. NOTE: Registerec 13. 1.1 T 1.2 N 1.3 S <sup>1</sup> 1.4 Cl	Agent signature requi ITLE AME IREET ADORESS TY - ST - 2IP	rod when reinstating;	DATE FICERS AND DIR	ECTORS IN 12 Nange D Addition
12. THLE NAME STREET ADDRESS C-TY - ST - 7IP THLE	D MCDANIEL 17000 SW	ited name of registered agent OFFICERS ANI JACK 139TH PL	and title if applicable ( D DIRECTORS	NOTE: Registered 13. 1.1 T 1.2 N 1.3 S <sup>1</sup>	Agent signature requi ITLE AME IREET ADORESS TY - ST - 2IP ITLE	rod when reinstating;	DATE FICERS AND DIR	ECTORS IN 12 Nange D Addition
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