FILE NOW: I	FILING	FEE AFT	ER MAY 1	IS \$225.00
PROFIT			FLORIDA DE	PARTMENT OF STATE
CORPORATION	l . 🎉		Sand	ra B. Mortham

		OFIT DRATION		<b>(2)</b>	FLORIDA DEPAI			TATE					
· ANNUAL REPORT			Sandra B. Me Secretary of										
	19	96	1		DIVISION OF	CORPOR	RATIO	NS					
	OCUMI Corporation Na		M923	09	(7)								
	YNNAR	ACSO, INC								 			
Pri	incipa! Place of	Business		Mail	ling Address						####  B## 111	JAN OFOIR GIBIN DION	<b>                                    </b>
	LEO HENRIOU 1401 HWY A1 VERO BEACH US	JEZ A - STE 203			LEO HENRIQUEZ 1401 HWY A1A - STI VERO BEACH FL 329 US					3. Date Incorporated or Qualified	3a. D	B5 Zip Code  changing its registered office as registered agent. I am  ND DIRECTORS IN 12  Change Addition  Change Addition  Addition	
		75			Ad-tion Addison					08/03/1988 4. FEI Number			
2. 21	Principal Place	of Business		2a. 26	Mailing Address					65-0093025		<u> </u>	
	Suite, Apt. #, e	etc.			Suite, Apt. #, etc.					5, Certificate of Status Desired		7	
22	City & State			<u> </u>	City & State				<u></u>	Election Campaign Financing     Trust Fund Contribution			
23	Zıp		ountry	28	Zip	<b>-</b>	untry			8. This corporation has liability for		e tax under s 1	
24		25 Nome 25	Address of Curren	29	ered Agent	30	T			10. Name and Address of New	Register		
		9, Name and a	address of Culter	i negiai	ered Agent		81	Name		10.			
		ICHARD J.					82	Street	Addres	ss (P.O. Box Number is Not Accept	able)		
		COMMERCIA	l BLVD.				83						
	SUITE 10		<b>n</b>				63						
	LAUDER	HILL FL 3331	y				84	City			F	EL 85 Zip	Code
11	1. Pursuant to t	he provisions o	Sections 607.0502	and 607	1508, Florida Statute	es, the at	ove-r	named c	orpora	tion submits this statement for the p	v rposo of	changing ite re	gistered office
	or registered familiar with,	agent, or both, and accept the	obligations of, Sect	ion 607.0	change was authorize 0505, Florida Statutes	eo by the	corp	oralions	DOalu	roll directors. Thereby accept the ap	фолитоп	25 109510100	agom: • am
SI	IGNATURE.	and an Amend on prints	d name of registered agent	and title if a	rinticable (NO	ITE Register	nd Ager	nt sionature	required :	when reinstating)	DATE	<u> </u>	
12		catalle, typeo or print	OFFICERS AN			13				ADDITIONS/CHANGES TO C	FFICERS A		RS IN 12
	īLF	VD			☐ DELETE	1. 1	TITLE					Change	☐ Addition
N/	AME	HAYS, RIC	•	_			NAME						
SI	REET ADDRESS		OMMERCIAL BL	VU				ADDRESS					
-	TY - \$1 - ZIP	LAUDERHI PD	LL FL		DELETE		CITY-S	ST - Z(P	<del> </del>			[ ] Change	Addition
l	TLE.	HENRIQUE	7. LEO		_ beeting		NAME						_
	TREFT ADDRESS		TWOOD DRIVE			1		ADDRESS					
CI	TY-ST-ZIP	VERO BEA	CH FL			24	CITY - S	ST-ZIP	ļ	<u></u>		<u> </u>	T Addition
TIT	TLF				DELETE		TITLE		1			[_] Change	Аффион
1	AME						NAME	t address					
1	TREET ADDRESS						CHY-		'				
	ITY - ST - ZIP				DELETE		TITLE		1	1000018	3015	Change	Addition
	AME					4.2	NAME			-04/30/960	1108	-012	
SI	TREET ADDRESS					4.3	STREE	t address		***1200.00			
-	17.4-ST-7IP				ET DUCTE		CITY-	ST - ZIP	<del> </del>			Change	Addition
1	ITLE				☐ DEL€TE		1 TITLE ! NAME					□ Similar	
[	AME TOCCT ADVODESS							T ADDRESS					
	TREET ADORESS							ST-ZIP					<u></u>
	ITLE				☐ DELETÉ		1 TITLE					Change	Addu
N	IAMF					6.3	NAME						2 8
1 6	TREET ADDRESS					6.3	STREE	T ADDRESS					0.1

6.3 STREET ADDRESS

6.4 City - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this agruef 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 conforation of the receiver of 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, on an artifaction of the receiver of 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, on an artifaction of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name Leo Henriquez, President 4-28-96 407-231-2929

SIGNATURE AND TYPED DA PAINTED NAME OF LICHNING SPICES OR DIRECTOR

Date

Date

Date

Detail Descriptions Proces

SIGNATURE:

CR2E034 (12/95)