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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE: \_

DOCUMENT # N27326

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2. Principal Place of Business   2a. Milling Address   2a. Milli	Principal Place of Business  9995 SUNSET DRIVE SUITE 206 MIAMI FL 33173	Mailing Address  9995 SUNSET DRIVE SUITE 206 MIAMI FL 33173			
28   SUPE, Apt. 4, etc.   SU				3. Date Incorporated or Qualified 07/08/1988	3a. Date of Last Report 02/13/1995
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Cry & Status	<del></del>	ê ~		4. FEI Number 65-0062830	<del></del>
City & State   City					
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S. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name  FISCHER, KEVN 19002 SW 95 AVENUE MIAMI FL 33157  12. Or FICHER Statute  SIGNATURE  STORATURE		· · · · · · · · · · · · · · · · · · ·	Country		Added to Fees
FISCHER, KEVIN 1902 SW 95 AVENUE MIAMI FL 33157  11. Presument to the provisions of Sections 617.0502 and 617.1508, Piorida Statutes, the above named corporation submits this statement for the purpose of changing its registered office for reliable with, and accept the obligations of, Section 617.0502 and 617.1508, Piorida Statutes, the above named corporations submits this statement for the purpose of changing its registered office for reliable with, and accept the obligations of, Section 617.0502 and 617.1508, Piorida Statutes, the above named corporations submits this statement for the purpose of changing its registered office for reliable with, and accept the obligations of, Section 617.0503, Piorida Statutes, the above named corporations submits this statement for the purpose of changing its registered office for reliable with, and accept the obligations of, Section 617.0503, Piorida Statutes, the above named corporations submits this statement for the purpose of changing its registered office for reliable with, and accept the obligations of, Section 617.0503, Piorida Statutes, the above named corporations submits this statement for the purpose of changing its registered office for reliable with an accept the obligations of, Section 617.0503, Piorida Statutes, the above named corporations submits this statement for the purpose of changing its registered office for reliable of the obligations of, Section 617.0503, Piorida Statutes, the above named corporations submits this statement for the purpose of changing its registered office for reliable of the obligations of, Section 617.0503, Piorida Statutes, the above named corporations submits this statement for the purpose of changing its registered office for reliable of the obligations of, Section 617.0503, Piorida Statutes, the above named corporation submits this statement for the purpose of changing its registered office for reliable of the obligations of, Section 617.0503, Piorida Statutes, the above named corporation submits this statement for the purpose	<del></del>	<b>├</b> ─ `	<b>—</b>	B. This corporation has liability for in     Florida Statutes	tangible tax under s. 199.032,
FISCHER, KEVIN 1902 SW 95 AVENUE MIAMI FL 33157  83  44 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above named corporation submits tris statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of derectors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617,0502 for the provision of 17,0503, Planta Statutes, the above named corporation submits tris statement for the purpose of changing its registered office or registered agent, or the statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Planta Statutes, the above named corporation submits tris statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Planta Statutes, the appointment as registered office or registered agent, or the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Planta Statutes, the appointment as registered office or registered agent, or the purpose of derectors. I hereby accept the purpose of the p	9. Name and Address of Cu				
19002 SW 95 AVENUE MAMI FL 33157  83  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Porida Statutes, the above or organized agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered office or registered agent. I am manual with, and accept the obligations of, Section 617,0503, Florida Statutes, the above of orectors. I hereby accept the obligations of, Section 617,0503, Florida Statutes, the above of orectors. I hereby accept the obligations of, Section 617,0503, Florida Statutes, the above of orectors. I hereby accept the obligations of, Section 617,0503, Florida Statutes, the above of orectors. I hereby accept the obligations of Section 617,0503, Florida Statutes, the above or organized agent. I am manual with a purpose of changing its registered office or organized with the purpose of changing its registered office or organized with the purpose of port of the purpose of orectors. I hereby accept the opposition as registered agent. I am manual as registered office of orectors. I hereby accept the opposition and series of opposition as a purposed by the corporation submits the purpose of changing its registered office of orectors. I hereby accept the object of open application is a purposed by the corporation submits the purpose of changing its registered office of orectors. I hereby accept the object of open applications to corporation submits the purpose of changing its registered office.  12.			81 Name		<del></del>
HIMAIN FL 33157    B8   City   FL   B5   Zip Code			82 Street A	ddress (P.O. Box Number is Not Acceptable	1
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Rordal Statutes, the above named corporation submits this statement for the purpose of changing its registered office anniver with, and accept the obligations of, Section 617.0502 in the State of Floridal Such change was authorized by the corporation's board of orectors. I hereby accept the appointment as registered agent, I am registered agent, and accept the obligations of, Section 617.0503, Inclind Statutes.  ISGNATURE  Signulus hadd or prinding agent agent and Not Registeries  DEFICERS AND DIRECTORS  13. ACCITIONS/CITANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DEFICERS AND DIRECTORS  13. ACCITIONS/CITANGES TO OFFICERS AND DIRECTORS IN 12  13. TREET ADDRESS  CITY-S1-2P  MIAMI FL  DEFICE 2.1 TITLE  DEFICE 2.1 TITLE  2.2 NAME 2.3 STREET ADDRESS  MIAMI FL  DEFICE 2.1 TITLE  DEFICE 2.1 TITLE  DEFICE 2.1 TITLE  DEFICE 3.2 NAME 2.3 STREET ADDRESS  MIAMI FL  DEFICE 3.2 NAME 2.3 STREET ADDRESS  MIAMI FL  DEFICE 4.1 TITLE  DEFICE 5.2 P  MIAMI FL  DEFICE 4.1 TITLE  DEFICE 4.1 TITLE  DEFICE 4.1 TITLE  DEFICE 4.1 TITLE  DEFICE 5.2 P  MIAMI FL  DEFICE 5.2 P  MIAMI FL  DEFICE 5.3 NO NO 83 CT  MIAMI FL  DEFICE 5.1 TITLE  DEFICE 6.1 TITLE  DEFICE 5.1 TITLE  DEFIC					7
11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florids Statutes, the above named corporation submits this statement for the purpose of champing its registered office or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of divectors. I hereby accept the appointment as registered digent. I am familiar with collegations of Section 617.0502, Florids Statutes.  SIGNATURE  Signature Transport of protein remotire graded agent and the Patakiene.  POTE Repaired Agent agent of word agent agent and the Patakiene.  POTE Repaired Agent agent of word numbring.  12. OFFICERS AND DIRECTORS  13. ACIDITIONS Of ANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  TITLE  DELETE  13. TITLE  ACIDITIONS Of ANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  13. ACIDITIONS Of ANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  13. ACIDITIONS Of ANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  13. ACIDITIONS Of ANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  13. ACIDITIONS Of ANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  13. ACIDITIONS Of ANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  13. ACIDITIONS Of ANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  13. ACIDITIONS Of ANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  13. ACIDITIONS Of ANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  13. ACIDITIONS Of ANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  13. ACIDITIONS Of ANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  13. ACIDITIONS OF ANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  13. ACIDITIONS OF ANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  13. ACIDITIONS OF ANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  13. ACIDITIONS OF ANGES TO OFFICERS AND DIRECTORS AND DIRECTORS IN 12.  TITLE  13. ACIDITIONS OF ANGES TO OFFICERS AND DIRECTORS AND DIRECTORS AND DIRECTORS IN 12.  TITLE  13. ACIDITIONS OFFI ACIDITIO	MIAMI FL 3315/		83		
11. Persuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, it but in the State of Florida. Such charge was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. If am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.    SIGNATURE			84 City		85 Zip Code
Addition  Title  STREET ADDRESS  CITY-ST-ZP  MIAMI FL  LOSADO, ALONSO  STREET ADDRESS  STREET ADDRESS  MIAMI FL  LOSADO, ALONSO  STREET ADDRESS  MIAMI FL  DELETE  DELETE  DELETE  DELETE  ASSTREET ADDRESS  MIAMI FL  DELETE  D	11. Pursuant to the provisions of Sections 617.0	I502 and 617 1508. Florida Statutes	the above-named cor	noration submits this statement for the surro	one of changing its registered affice
Syrat-ac, bysed or preted review of registered again's and their respitations   Syrat-ac, bysed or preted review of registered again's signature resulting   DATE	or registered agent, or both, in the state of r	Tonga, Such charge was authorized	by the corporation's b	polation subtries this statement for the purple poard of directors. Fhereby accept the appoin	ose of changing its registered office interest as registered agent. I am
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the events on stated in Section 110 07/01/4 Florida Children	CITY-ST-ZIP				
	14. I do hereby certify that the information supplied	ed with this filing is voluntarily furnished	ed and does not qualify	y for the exemption stated in Section 119.07	(3)(k), Florida Statutes. I further

3/15/94 (305) 273 -0/14

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR