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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

SIGNATURE:

N32987

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Principal P	Place of Business	Mailing Address	<del></del>						
1570 NW	126TH STREET	Mailing Address				L SABLINGS BOD TITLE TRAIN WHEN SE	(() 1001 01011 <del>0</del>	Mai Buga i	Albin albin albin ladi
NORTH M US	VIAMI FL 33167	1570 NW 126TH STRI Morth Miami Fl 331 US	EET 167			· — ————————			
	al Place of Business	2a. Mailing Address		<del></del>		Date Incorporated or Qualified 06/27/1989	3a. [	Date of La 05/01	ast Report //1995
-	opt. #, etc.	26 Suite, Apt. #, etc.				El Number 65-0116092			Applied For Not Applicable
City & St	itate	27 City & State	<del></del>		<del></del> -	ertificate of Status Desired		\$8. Fe	75 Additional
3 Zip	Country	28 Zip			Tr	ection Campaign Financing ust Fund Contribution		\$5.	.00 May Be
	25 9. Name and Address of Currer	20	30 Coun	try 	8. Th	nis corporation has liability for orida Statutes	I Yes [	ax under	s. 199.032,
		It Hegisteren Agent		31 Name	10. No	ame and Address of New R	Registered	Agent	
1570 N	FORD, JAMES NW 126TH STREET				t Address (P.O. Box Number is Not Acceptable)				
NORTH	H MIAMI FL 33167		8						<del></del>
1. Pursuan	nt to the provisions of Sections 617.0502 tered agent, or both, in the State of Floric with, and accept the obligations of, Section		6	1				85 Z	Zip Code
or regist	ered agent, or both, in the State of Floric	and 617.1508, Florida Statut/	oc the charle	<del></del> ,			F		·
familiar w	with and assent the philosophers of Conti	la. Such change was authorize	and his the con	1-named cc	orporation subm	nits this statement for the purp	ance of cha-	JUNION IS	TOTAL PROPERTY.
familiar w IGNATURE			ed by the cor	named co poration's	orporation subn board of direct	nits this statement for the purpors. I hereby accept the appo	oose of cha intment as	inging its registere	registered office d agent. I am
GNATURE	Signature, typed or printed name of registered agent a	and title if applicable.	TE: Registered Age		equired when reinstali	ng)	DATE	Togistaj Bi	
GNATURE •	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable.	TE: Registered Age		equired when reinstali	ng)	DATE	Togistaj Bi	
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(365) 825-6286 Davime Phone #