## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

## N93000004090 (7) DOCUMENT #

ONE ARM BANDITS, INC.

FILED

95 OCT 25 PH 4: 06

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address						7,481,187			
9470 SW 31 TE MIAMI FL 33165		9470 SW 31 TERR MIAMI FL 33165			1				
						3. Date Incorporated or Qualified 09/10/1993	3a. Da	te of Last Re )4/28/199	aport <b>/5</b>
2. Principal Plac	e of Business	2a. Mailing Address				4. FEI Number 65-0448963		1	oplied For
न		26		<u> </u>		00 040000			ot Applicable Additional
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			equired
City & State		City & State				6. Election Campaign Financing	\$5.00 May Be		
23		28				Trust Fund Contribution	AUGEO IO I 603		
Zip	Country	Zip	30	entry		8. This corporation has liability for in Florida Statutes	Yes 🔲	x unders. ≀ No	89.032,
24	9. Name and Address of Curren	29 Registered Agent	190]	1		10. Name and Address of New Re	gistered a	Agent	
	9. Maille allo Address of College			81 Nam	1 <del>0</del>				
ROSARIO		82 Stree	treet Address (P.O. Box Number is Not Acceptable)						
9470 SW 31 TERR				400001992234				<del>234</del> -	
- MIAMI FL				83		-10/31/3	9601	1060t	993 
•				84 City		<b>非非非非</b> 抗	F	785 7270	Chele
		Charles Charles	tan the ob	nuo pamed	Corrors	ation submits this statement for the purp d of directors. I hereby accept the appo	ose of cha	anging its re	gistered office
11. Pursuant to	the provisions of Sections 617.0502 and agent, or both, in the State of Florid	and 617.1508, Horida Statu da. Such change was authori	tes, the abo zed by the	corporation	n's board	d of directors. I hereby accept the appo	intment as	registered a	agent, I am
familiar wit	h, and accept the obligations of Sect	on 617.0503, Florida Statute	<b>S</b> .				6/191	L	
	Signature, typed or printed name of registered agent	_				when reinstating	DATE		
12.	OFFICERS AN	D DIRECTORS	13	<u> </u>		ADDITIONS/CHANGES TO OFFI			NX Addition
TITLE	PD	DELETE	1.11	TITLE	\ V !	P/Marketing		Change	ALM ROUGHOU
NAME	ROSARIO, VICTOR		1.21	NAME		Cordero, Marvin	жэл	E	
STREET ADDRESS	9470 SW 31 TERR			STREET ADDRE	SS .	1471 NW 112 Terr. Pembrook, Pines,	#3U	33026	
CITY-\$1-ZIP	MIAMI FL 33165	FINELETE		CITY-ST-ZIP		Bd. Secretary (	D)	Change	XX Addition
TITLE	VD	DELETE	1	title Name	] ;	Brucker S. Bernai	$\nu$ ,		
NAME	BEWSEY, PATRICIA M 138-A WEYBRIDGE CIRCLE			ranie Street addre	. 22:	1617 S.E. 12th St			
STREET ADDRESS	ROYAL PALM BEACH FL			CITY - ST - ZIP		Ft.Lauderdale,Fl	333	16	
CITY-ST-ZIP	D D	<b>™</b> DELETE		TITLE		Board of Director		Change	XX Addition
TITLE	GRANDA, MARK	<b>JEN</b>	3.2	NAME		DeRosa Luis	Con	nm. Li	iaison
NAME	4575 SW 68 CT CIR UNIT 6		3.3	STREET ADDRE	ESS	17840 N.E. 6Ct.		(D)	
STREET ADDRESS City-St-Zip	MIAMI FL 33155		3.4	CITY-ST-ZIP		MIAMI, F1. 33162		Change	Addition
TITLE	VO	DELETE	4,1	TITLE	l l	Tresurer/Bd.	(D)	Criange	XXMounton
NAME	RICHARDSON, TOMAS			NAME		Anthony J. Lope			
STREET ADDRESS	445 NORTHWEST 210 STREE	<b>:</b> T		STREET ADDRE		3030 S.W. Bist,	Ave.		
CITY-ST-ZIP	NORTH MIAMI FL	Clos: 575		CITY-ST-ZIP		Miami, F1. 33155		Change	Addition
TITLE	\$	DELETE		TITLE		-			
NAME <sup>®</sup>	MACK, HILDA O			NAME STREET ADOR	Ecc				
STREET ADDRESS	14971 SW 56 TERR MIAMI FL 33193			CITY-ST-ZIP					
CITY-ST-ZIP		DELETE		TITLE	$\neg +$			Change	Addition
TITLE	(T)			NAME	-				
NAME STREET ADDRESS	Roscoe Jones	saa Da		STREET ADOR	iess		1	M2 ~	VI Ou
	20760 NW 41	Ave.Ka. 2055	6.4	CITY-ST-ZIP			V		
14. I do herel	by certify that the information supplied	with this filing Is voluntarily for	urnished an	d does not	t qualify	for the exemption stated in Section 119 ate and that my signature shall have the ils report as required by Chapter 617, F	.u7(3)(k). F same leg	iorida Statu jai effect as i	f made under
certify the	at the information indicated on this and I I am an officer or dilector of the com	nual report or supplemental a constion or the receiver or trus	stee empov	vered to ex	ecute th	ate and that my signature shall have the is report as required by Chapter 617, F	lorida Stat	utes; and th	at my name
appears i	n Block 12 or Block 3/if changed, q	op an attachment with an ac	ouress.			1 1	_	\	

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICE OF DIRECTOR