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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

LAR N	MEHMEI, II	NC.	·								
Principal Place of Business Mailing Address 5757 BLUE LAGOON DR 5757 BLUE LAGOON D)R			BENEBI DIO IDIII EIEK 1920 DI	NIIA OONIA KARIN O	0)4 0 (0)1 0 4 (1)6	TO BAI st IIII 1921
SUITE 400 MIAMI FL 33	3126			E 400 Al FL 33126			I	ncorporated or Qualified		ate of Last	
2. Principal P.	lace of Busine	288	2a Ma	iling Address			4. FEI NO	2/19/1994		05/01/1	
1			26					5-0527191		-	Applied For Not Applicable
	Suite, Apt. #, etc.			Suite, Apt. #, etc. 27				\$8.75 Add			
							3. Ceruik				Required
City & State	e		28 City	y & State				n Campaign Financing und Contribution			0 May Be
Zip		Country	Zip		Country	/			r intanoible ta		d to Fees
4		25		29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			100.002,
	9. Name	and Address of Curr	ent Registere	d Agent		T	10. Name	and Address of New	Registered A	Agent	
B/4444					81	Name					
DINAMRCO, RODRIGO						Street A	\cidress (P.O. Box	ess (P.O. Box Number is Not Acceptable)			
5757 BLUE LAGOON DR SUITE 400					83						
MIAMI FL 33126											
					84	City			FL	85 Zg	Code
or register	red agent, or	both, in the State of Flo	uz and 617.15 orida. Such cha	08, Florida Statute inge was authorize	es, the above-red by the corp	named cor coration's b	poration submits poard of directors	this statement for the pu I hereby accept the app	urpose of cha	inging its re registered	egistered office agent. Lam
SIGNATURE _	ion, and accep	or printed name of registered ag-	art and title it applica	ble. (NO	TE: Registered Ager		jured when reinstating)	this statement for the pull hereby accept the app	DATE		
SIGNATURE	Signature, typed o	or printed name of registered ag-	017.0303	ble. (NO	TE Registered Ager		nured when renstating	ONS/CHANGES TO OF	DATE FICERS AND	DIRECTO	RS IN 12
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ustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name address.

IGNING OFFICER OR DIRECTOR

SIGNATURE: