FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

OCHMENT #

1. Corporati	J., INC.	0003800 (0)	 	DIN BOIDS HAR HENN BANG ANN IAG
Principal Plac	ce of Business	Mailing Address			
4300 NORTH WEST 12TH AVENUE POST OFFICE BOX 012 MIAMI FL 33127 MIAMI FL 33101)12346		
				3. Date Incorporated or Qualified 3. 08/10/1995	a. Date of Last Report
	2. Principal Place of Business 2a. Ma		W	4. FEI Number	Applied For
		26		65-0602310	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional	
City & Sta	ite	City & State		6. Election Campaign Financing	Fee Required
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangil	
24	9. Name and Address of Currer	29	30	Florida Statutes	s □ No
	g, Name and Address of Currer	it negistered Agent	81 Name	10. Name and Address of New Registe	red Agent
HILL	ONALD			NA	
HILL, DONALD 4300 NORTH WEST 12TH AVENUE			82 Street Add	lress (P.O. Box Number is Not Acceptable)	
	FL 33127		83		
•			84 City	1	FL 85 Zip Code
11. Pursuant	t to the provisions of Sections 617.0502	and 617.1508, Florida Statu	ites, the above named corpo	ration submits this statement for the purpose of	f changing its registered office
familiar w	vith, and accept the obligations of Sect	ga. Such change was authori iog 617.0503, Florida Statute	ized by the corporation's boars.	oration submits this statement for the purpose of ard of directors. I hereby accept the appointment	nt as registered agent. I am
SIGNATURE	D-1/d		YELL, Execu	ITTUE DERECTOR C	21/16/96
12.	Signature, typed or printed name of registered agent	and stell factoricable (N	ENE: Registered Agent signature require	ed when reinstating) DA	IF.
TITLE	OFFICERS AN	DELETE	13.	ADDITIONS CHANGES TO OFFICERS	
NAME	DELOKES GAZTOR		1.1 TITLE		Change Addition
STREET ADORESS	19674 N.W. 84771 CO	URT	1.2 NAME 1.3 STREET ADDRESS		
CITY-SI-ZIP	MEMME, FL 33015		1.4 CITY-ST-ZIP		
TITLE	RECASTHAY	DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME	TESHA GAZTOR		2.2 NAME		Griange Audinori
STREET ADORESS		in de	2.3 STREET ADORESS		
CITY-ST-ZIP	MEANZ, AL 33015	"D"	2 4 CITY - ST - ZIP		
TITLE		DELETE	3 1 TITLE		Change Addition
NAME	EMORY CURRY		3 2 NAME		
STREET ADDRESS	MEANE IFL 33015	- " //	3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MEAME ITE 33013		3 4 GiTY-ST-ZIP		
NAME	TRASMAR	DELETE	4 1 TifLE		☐ Change ☐ Addition
STREET ADDRESS	IGELL HIM. EVEN COUL	ı٢	4 2 NAME		
CITY - ST - ZIP	TEA CURRY 1966 N.W. WITH COUR MEANE, EL 33011	_	4 3 STREET ADDRESS		
TITLE	7,00	DELETE	4 4 CITY - ST - ZIP 5 1 TIFLE		
NAME			5 2 NAME		Change Addition
STREET ADDRESS	1		5.3 STREET ADDRESS		
CITY - ST - ZIP			5 4 CITY-ST-ZIP		
TITLE		DELETE	61 TITLE	200001771	Change Addition
NAME		_	6 2 NAME	200001771 -04/08/9601031	-003
STREET ADORESS			6 3 STREET ADDRESS	***81.25	
CHTY-ST-ZIP	İ		6.4 C/EY - S1 - 7/P		
14. I do hereb	by certify that the information supplied v	vith this filing is voluntarily furi	nished and does not qualify for	or the exemption stated in Section 119.07(3)(k)	Florida Statutes. I further

certify that the information indicated on this annual 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPEO OF PRINTED NAME OF EIGNING PERCER OF DIRECTOR