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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P09297

(3)

## **FILED** Apr 24 1997 8:00am Secretary of State

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Principal Place of Business Mailing Address					T I BENTARDI OLI ARBITA TAVIR LIBIR TAVI	ille: alkii kiäiri	INDIA MINIC MINIC	N I N A A A A A A A A A A A A A A A A A
1601-114TH AVE S.E. #140 1601-114TH AVE S.E. #14 BELLEVUE WA 98004-3904 BELLEVUE WA 98004-6904			)		ļ I			
					3. Date Incorporated or Qualifi 03/04/1986	3	ate of Last R 17/1996	eport
	Place of Business	2a. Mailing Address			4. FEI Number		Ar	plied For
<sub>21</sub> 1106	TID BITC DELECE	26 11061 NE 2	nd st	reet	91-0827389			t Applicable
***	te 107	Suite, Apt. #, etc. Suite 107			5. Certificate of Status Desired		\$8.75 / Fee Re	equired
	levue, WA	City & State Bellevue,			Election Campaign Financin     Trust Fund Contribution	9 🔲	\$5.00 Added	
Ζφ	Country	Zip	Countr	У	8. This corporation has liability			. 199.032,
24 98004	4 - 5845   25   9. Name and Address of Curre	29 98004-5845	30	<del></del>	Florida Statutes  10. Name and Address of New	Yes Pegistered		
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CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD					(B 0 B 1)			
	ANTATION FL 33324		82	82 Street Address (P.O. Box Number is Not Acceptable)				
, ,	NATIONAL PROPERTY		83					· · · · · · · · · · · · · · · · ·
			84	City		FI	<b>85</b> Zip	Code
11. Pursuan	to the provisions of Sections 607.050	02 and 607.1508. Florida Statute	es, the abov	re-named co	rporation submits this statement for t		f changing it	s registered
office or	to the provisions of Sections 607.056 registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida, Such change was a	uthorized b	y the corpor	ation's board of directors. I hereby a	ccept the app	cointrnent as	registered
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CICKIATURE								
SIGNATURE	Signature, typed or pented name of registered ag	ent and title if applicable (NOT)			ulred when reinstating)	DATE	F-075)	1.59
12.	Signature, typicd or portlind rame of registered ap OFFICERS AN	ID DIRECTORS	E: Registered Ag			DATE	fers DIRECTOR	RS IN 12
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roo nereby certify that the imprimation supplied with this annual report or supplied with 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: