## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P92000002976 (8)

Principal Place	e of Business	Mailing Address				
5321 NW 84 LAUDERHILI	4 AVE	5321 NW 84 AVE LAUDERHILL FL 333	351			ARIAN TAREN BILI 4001
0 0::-10				3. Date Incorporated or Qualified 11/09/1992	3a. Date of Last 03/09/1	
2. Principal Pi 21	lace of Business	2a. Mailing Address		4. FEI Number	00,007	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc		65-0370649		Not Applicable
22		27		5. Certificate of Status Desired		75 Additional e Required
City & State	9	City & State		6. Election Campaign Financing	<del> </del>	00 May Be
Zip	Country	<b>28</b>   	Country	Trust Fund Contribution	Add	led to Fees
4	25	29	30	This corporation has liability for in Florida Statutes     Yes	ntang ble tax under	s 199.032,
	9. Name and Address of (	Current Registered Agent		10. Name and Address of New Re	aistered Agent	
MCALLE	Ster, Brian		81 Name		g	
5321 M	W 84 AVE		82 Street Add	dress (P.O. Box Number is Not Acceptable	e)	
	HILL FL 33351		83		<u> </u>	
			84 City	pration submits this statement for the purp and of directors. Thereby accept the accep-	FL 85 Z	rp Code
	o the provisions of Sections 607 ed agent, or both, in the State o n, and accept the obligations of	The District	· .		•	- 3 / 2
	Signature i typed or printed name of registers	Stagerta differentiación (b.	CITE. Begistered Agord signature notice	of who rendating	DATE	
12.	Stignative typed or product name of registers  OFFICER	and the same of th	UTE Brighten Agent signalize respire		DATE DERS AND DIRECTO	ORS IN 12
2. ITLE AME	OFFICER  D  MCALLISTER, BRIAN	S AND DIRECTORS	CITE. Begistered Agord signature notice	of who rendating	DATE	
2. ITLE AME TREET ADDRESS	D MCALLISTER, BRIAN 5321 NW 84 AVE	S AND DIRECTORS	Off Regulated Agent signature respect  13. 1 1 TITLE	of who rendating	DATE DERS AND DIRECTO	ORS IN 12
2.  TLE  AME  TREET ADDRESS  TY-ST-ZIP	OFFICER  D  MCALLISTER, BRIAN	S AND DIHE CTORS ☐ DELETE	13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST-20F	of who rendating	DATE DERS AND DIRECTO	ORS IN 12
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SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

District Private A