| FILE | E NOW: FII | LING FEE | AFTE | R MAY | 1 IS \$2 | 225.00 | | | | | |
|---|---|--------------------------|---|------------------------|-----------------------|-----------------------------|----------------|--|--|---------------|----------------------------|
| PROFIT CORPORATION ANNUAL REPORT 1996 | | | FLORIDA DEPARTM Sandra B. M Secretary of DIVISION OF COR | | | IT OF STATE than tate | | | | | |
| DOCUMENT # P9200006578 (8) | | | | | | | | | | | |
| Corporation Cl FA | n Name I <mark>NING SOLUTI(</mark> | | | | (-) | | | | | | |
| OLD (| anica occorr | J110; II10. | | | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | | | | I (III I BAN BAN II | | |
| 5743 NW 159TH ST 5743 NW 159TH ST MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 | | | | | | | | | | | |
| US | | | ι | JS | | | 3. 1 | Date Incorporated or Qua | dified 3a. D | ate of Last F | |
| | ace of Business | | 2a. N | failing Address | | , | 4. (| 11/19/1992 FEI Number | | 04/28/1 | 995 Applied For |
| 21 146 2 Suite, Apt. # | | ane | 26 | 14621 | DAK | _ane | | 65-0371861 | | | Not Applicable |
| 22 | | | 27 | iuite, Apt. #. etc | | | 5. 0 | Certificate of Status Desir | eo 🗀 | • | 5 Additional Required |
| City & State | | FL | 28 | Dity & State Milami | LAKE | i PL | | Election Campaign Financ Trust Fund Contribution | ing | | May Be |
| Zip | Co | untry | 7 | ip | | ountry . | | This corporation has liabil | | ··· | 199.032, |
| 350/6 | | USA Idress of Current | 29 Register | 330/6 red Agent | 30 | USA | | Florida Statutes Name and Address of I | Yes No | d Agent | |
| | | | | | | 81 Name | Jones | C 1. 0 | | | |
| | s, scott d W 159th St | | | | | B2 Street | | D. Box Number is Not Acc | ceptable) | | |
| | W 1591H S1 LAKES FL 33014 | | | | | B3 | 146-1 | DUR LAN | | | |
| | | | | | | 84 City | 40. | - Laker | | . 85 Zi | p Code_ |
| 11. Pursuant to | o the provisions of S | ections 607 0502 | and 607.1 | 508, Florida Sta | stutes, the a | bove named c | Caracastan and | ni Lakes brits this statement for t | he purpose of a | | 370/6 registered office |
| Or regratere | ed agent, or both, in th, and accept the ob- | are order of right | а анынс | nange was abin | onizea by an utes: | e corporation s | boaru of dire | oritis this statement for t actors. Thereby accept th | e appointment | as registered | l agent. I am |
| SIGNATURE - | Signature typed or printed to | inche de protection de | e sto քարլմ | Scott | D. J. | ወን<i>ጫ</i> 6.1 | V.f. | arain of | 4/23/9 | 6 | |
| 12. | | OFFICERS AND | DISECTO | | 1; | 3. | | ADDITIONS/CHANGES TO | OFFICERS AN | ND DIRECTO | |
| TITLE NAME | PD Perez, Josi | COH E | | DELETE | | 1 TITL " ENAM | | | | Change | Addition |
| STREET ADDRESS | 11336 SW 1 | | | | | : NAM ESTHERT ADDRESS | | | | | |
| CITY - ST-ZIP | MIAMI FL 33 | | | | | LOTY STAZIF | | | | | |
| TITLE | VD | | | ☐ DELETE | 2 | 1 Tifl | | | | Change | Addition |
| NAME | JONES, SCO | | | | 2.2 | NAM: | | | | | |
| STREET ADDRESS | 11421 SW 1 | | | | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP TITLE | MIAMI FL 33 | 100 | | □ DELETE | | CITY ST-ZIP 1 TITLE | <u> </u> | | · · · · · · · · · · · · · · · · · · · | CT Change | C1 1447. |
| NAME | | | | | | NAME | | | | Change | Addition |
| STREET ADDRESS | | | | | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | nam v 14.1 | | | | | CITY ST-ZIP | | | | | |
| TITLE | | | | ☐ DELETE | | 1 TOTAL | | | | ☐ Change | Addition |
| NAME CTREET ADORESS | | | | | | NAME | | | | | |
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| NAME | | | | | | NAME . | | | | Ent bridings | C] Vagurod |
| STREET ADDRESS | | | | | | STREET ADDRESS | | | | | |
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| TITLE | | | | DELETE | 6 | i fille | | | ······································ | Change | ☐ Addition |

14. If do hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for 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 coath; 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.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

SIGNAPORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

(305) \$25-4900 Daysing Proces