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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # Corporation Name

P92000008925 (9)

ACCOUNTING	COETWADE	& MADRE	INC
ALL LUNINIUM.	SUPINANC	a MUNE,	mu.

Mailing Address Principal Place of Business 10097 CLEARY RD #360 10097 CLEARY RD #360 PLANTATION FL 33324 PLANTATION FL 33324 3a. Date of Last Report 3. Date Incorporated or Qualified 12/03/1992 05/01/1995 FE! Number Applied For 2. Principal Place of Business 2a. Mailino Address 65-0378908 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State \Box Trust Fund Contribution Added to Fees 28 23 Country Country Zic Źip 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Street Address (P.O. Box Number is Not Acceptable) FELLER, JAYMI B 82 10097 CLEARY RD #360 83 PLANTATION FL 33324 85 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered office. Thereby accept the appointment as registered agent. I am familiar with any accept the appointment as registered agent. I am JAYMI FOLLER PRESIDENT SIGNATURE dured Agent signalize to pried when terral thing ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Add tion ☐ Change DELETE 1 I THE TITLE FELLER, JAYMI B 1.2 NAME NAME 10097 CLEARY RD #360 13 STHEET ADDRESS STREET ADDRESS PLANTATION FL 33324 14 CITY - \$1 - ZIP CITY-ST-ZIP ☐ Change Addition DELETE. 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CHY-ST-ZIP CITY - ST - ZiP Addition Change DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIP Change Add:tion DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City - ST - ZIP CITY-ST-ZIP Change Addition [T] DELETE 5 1 THILE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Change Addit:on DELETE 6 1 THE THLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 City - St - 7/P

SIGNATURE:

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 arrival report is true and accurate and that rily 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 enipowered 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 or an attachment with an address. nanged, or op an attachment with an address. appears in Block 12 or Block 13 FELLER PRESIDENT JAYM1 NUR AND TYPED OR PRINTED NAME OF SIGNING

CR2E034 (12/95)