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

PROFIT CORPORATION ANNUAL REPORT



SIGNATURE: SIGNATURE AND TYPED OF FAINTED NAME OF SIGNING CHEET OR DIRECTOR

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996

DIVISION OF CORPORATIONS

| Principal Place of 6 | | Mailing Address | | | | |
|--|--|---|--|---|--------------------------|---|
| STE - 5 MIAMI FL 33175 | | #201 MIAMI FL 33172 | | Date Incorporated or Qualified | | |
| US | | US | | 3. Date Incorporated or Qualified 12/14/1992 | 04/21/ | |
| . Principal Place | of Business | 2a. Mailing Address | | 4. FEI Number | | Applied For |
| l | | Suite, Apt. #, etc. | | 65-0386456 | \$8 | Not Applicable .75 Additional |
| Suite, Apt. #, e | IG. | 27 | | 5. Certificate of Status Desired | | ee Required |
| City & State | | City & State | | Election Campaign Financing Trust Fund Contribution | 1 1 | 5.00 May Be dded to Fees |
| <u>L</u> | Country | 28 Zip | Country | 8. This corporation has liability for | | |
| Zip | 25 | 29 | 30 | Florida Statutes Yes | . □No | |
| 1 | Name and Address of Currer | nt Registered Agent | and No. | 10. Name and Address of New F | Registered Agent | <u> </u> |
| | | | 81 Name | | | |
| NOEMI, RAMOS 11510 NW 4 TERRACE #201 MIAMI FL 33172 | | | 82 Street Add | iress (P.O. Box Number is Not Acceptat | OI 0) | |
| | | | 83 | | | |
| | | | 84 City | | F 4 85 | Zip Code |
| | | | | oration submits this statement for the pu | FL S | its registered offi |
| or registered familiar with, | agent, or both, in the State of Flor and accept the obligations of, Sec | stion 607.0505, Florida Statutes | s. | oration submitts this statement for the polar of directors. I hereby accept the app | | |
| or registered familiar with, SIGNATURE | and accept the obligations of, Sec | nt and little if applicable (No. NO. DIRECTORS | ote: Registered Agent signature requirements | | DATE FICERS AND DIRE | CTORS IN 12 |
| or registered familiar with, SIGNATURESlute. 2. | and accept the obligations of, Sec | all and little if applicable (N | OTE Registered Agent signature requirements of the state of the signature requirements of the signature requirements of the signature of the s | ed when reastating | DATE | CTORS IN 12 |
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4-7-96. (305) 559-Julo3