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

CORPORATION



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT				Sandra B. Mortham Secretary of State ION OF CORPORATIONS			
1. Corporation		P92000	0014417 (9	9)			
L. ANI	O M., INC.					 	
Principal Place	of Business		Mailing Address				
6200 SW 79			6200 SW 79TH COUR	श			
MIAMI FL 33143 MIAMI FL 33143							
US		US			3. Date Incorporated or Qualified	3a. Date of Last Report	
2. Principal Pl	ace of Business		2a. Mailing Address			12/29/1992 4. FEL Number	04/27/1995
21 6200	2 5W 7	9 COURT	26 62	200 SI	w 79 Cover	65-0386565	Applied For Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
	omi t	L	City & State M / By	ΜI, I	PZ	Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
24 3311		U.S	^{7(p)} 33/43	30	ntry U.S	8. This corporation has liability for Florida Statutes Yes	
	9. Name and A	ddress of Current F	legistered Agent		04[1	10. Name and Address of New I	Registered Agent
81 Name							
SEPLER, RICHARD M 2997 DAY AVE 82 Street Addres					s (P.O. Box Number is Not Acceptat	ole)	
MIAMI FL 33133					83		
***************************************				}	84 City		
	· ···				-		FL 85 Zip Gode
11. Pursuant t or register familiar wit	to the provisions of S ed agent, or both, ir th, and accept the o	Bections 607.0502 ar I the State of Florida. bligations of, Section	nd 607.1508, Florida Statut . Such change was authoriz i 607.0505, Florida Statutes	tes, the abored by the case.	ve-named corporati orporation's board	on submits this statement for the pu of directors. I hereby accept the app	rpose of changing its registered office ointment as registered agent. I am
SIGNATURE _	Stongton, based personal	nation of regreered agent and	191 day objection that	San in Historia	Agent signature required w		
12.	and the state of t	OF LICERS AND D		13.	Ageni signature requiren w	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	DP		DELETE	1. 1 11	il.F		Change Addition
NAME	MUSE, BROO			1.2 NA	ME		
STREET ADDRESS	6200 SW 79T	H COURT		1.3 SJ	REET ADDRESS		
CITY-ST-ZIP TITLE	MIAMI FL		☐ DELETE		Y-ST-ZIP		
NAME	DST JACKMAN, M	CTEDUEN		2 1 TI 2 2 NA			Change Addition
STREET ADDRESS	6200 SW 79T				REET ADDRESS		
CITY-ST-ZIP	MIAMI FL			1	Y-SI-ZIP		
TITLE			DELETE	3. 1 Tr			Change Addition
NAME				3 2 NA	ME		
STREET ADDRESS				3.3. ST	REET ADDRESS		
CITY-ST-ZIP			ET DOLLTE		Y-ST-ZIP		
TITLE NAME			DELETE	4 1 11			Change Addition
STREET ADDRESS				4 2 NA			
CITY-ST-ZIP					HEET ADDRESS		
TITLE			[] DELETE	5 1 TII	Y • Sì • ZIP		Change Addition
NAME				5 2 NA	!		C Seedle C Monton
STREET ADDRESS					REE1 ADDRESS		
CITY-S1-ZIP					Y-ST-ZIP		
TITLE			[☐ DELETE	6 1 70	LF		☐ Change ☐ Addition
NAME				6 2 NA			
STREET ADDRESS				6.3.516	REEL ADDRESS		

6.3 STREET ADDRESS

6.4 CITY - \$T - ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; 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 thinged, or on an attachment with an address. (305)274-3222

CR2E034 (12/95)