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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State

DIVISION OF CORPORATIONS

1996

P9300000686 (4)

DOCUMENT #

1. Corporation Name

MULTI SALES & SERVICES, INC.

Principal Place of Business	Mailing Address
2599 NE 19ST ST. AVENTURA FL 33180	P. O. BOX 630005 Miami Fl 33163
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2599 NE 19ST ST. AVENTURA FL 33180 US		P. O. BOX 630005 Miami Fl 33163 US	MIAMI FL 33163			
					3. Date Incorporated or Qualified 01/06/1993	3a. Date of Last Report 05/01/1995
2. Principal Plac	oe of Business	2a. Mailing Address			4. FEI Number 65-0378213	Applied For
		26			05 05/02 15	Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Zφ	Country 25	Ζφ <b>29</b>	Country 30		8. This corporation has liability for it Florida Statutes Yes	□No
	g. Name and Address of Curr	ent Registered Agent		r .,,	10. Name and Address of New R	egistered Agent
<b>A.</b> . <b>B</b>			81	Name		
CLARK, 2599 N	, JOHN IE 1918T		82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)
AVENT	URA FL 33180		83			
			84	1		FL 85 Zip Code
1. Pursuant o	the provisions of Sections 107.08	02 and 607.1508 Florida State	ites, the above	nameri corpor	ration submits this statement for the pur rd of directors. Thereby accept the appo	pose of changing its registered offic
or registere familiar with	N agent, or both, in the Stake of Fi n and accept the oblig digus of, S	onua, Such change was author ection 607.0505, Horida Statuti	es.	KITALIOH S LIGAI	rd of directors. Thereby access the apple	Just Helle d'a réglate, ées tégente i ann
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certify that the information indicated on this annual report or susplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer of director of the corporation or the releiver 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 attainment with an aodress.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

7/26/95 3059330176