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

PROFIT



FLORIDA DEPARTMENT OF STATE

| CORPORATION Sandra B M ANNUAL REPORT Secretary of DIVISION OF COR | | | | | | | | |
|--|--|---|---|---|------------------------|---|---|---|
| | Corporation | MENT # P930(LIE OF MIAMI CORP. | 00007761 | (8) | | 1767468 114 11414 11414 11414 11414 11414 | | |
| Principal Place of Business 115 N.W. 132ND AVE. MIAMI FL 33182 | | | Mailing Address 115 N.W. 132ND AVE. MIAMI FL 33182 | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 01/28/1993 | 3a. Date of Last 03/28/1 | . Report 1 995 |
| 2 21 | Principal Pla | ace of Business | 2a. Mailing Address 26 | | | 4. FEI Number 65-0385259 | | Applied For |
| - | Suite, Apt. #, etc. | | Suite. Apt. #, etc. 27 | | | | Not Applicable \$8.75 Additional Fee Required | |
| 23 | Orty & State | 28 | | | | Election Campaign Financing Trust Fund Contribution | Add. | .00 May Be ded to Fees |
| 24 | Zip Country 25 9. Name and Address of Curr | | 29 29 ent Registered Agent | 30 Count | | This corporation has liability for Florida Statutes | | |
| 11. | MIAMI FI | o the provisions of Sections 607 Offi | 02 and 607.1508, Florida S de Such change was act etten 607.050s. Florida Sta | tatutes the above | 4 City | ration submits this statement for the purid of directors. I hereby accept the app | FL | Zip Code s registered office ed agent, I am |
| SIG | SNATURE . | Signature Typed or ported curre of registered aga | | بالأناف معارجة عالله | | | | |
| 12. | | OFFICERS A | ND DIRECTORS | 13. | er i Signation region. | ADDITIONS/CHANGES TO OFF | DATE TICERS AND DIRECT | TORS IN 12 |
| | | MIAMI FL 33182 | | 1 1 T-TL 12 NAM 13 STRE 14 C-TY | ET ADDRESS | | ☐ Chang | e 🗌 Addition |
| | 1811 ADDCAL ALIMA | | ☐ DELFTE | 2 1 TITE 2 2 NAM | ET ADORESS | | Chang | e Addition |
| NAM STRE | E | DELETE 3 1 37/ 37/ 33 | | 3 1 THE 32 NAM 33 STRE | EL ADDRESS | | ☐ Chang | e Addition |
| MAM S168 | F 16 LET AGURESS | CORESS | | | 1 ADURESS | | ☐ Chang | e Addition |
| TITU NAM STRE | CONSTRUCTION NAME SHIEST ADDRESS CALL CL. 200 | | ☐ DETEJ€ | 4.4 CHY ST ZIP 5.1 THE 5.2 NAME 5.3 STREEF ADDRESS | | | ☐ Chango | e 🔲 Addition |
| City | -ST-ZIF | | | 5.4.0111 | S1-2IP | | | |

64 CITY ST-ZIF

14. I do hereby certify that the information supplied with this firing 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 cath; that I am an officer or director of the corporation at the receiver of 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 a statishment with an address.

6 1 THTLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE: >

TILE

STREET ADDRESS.

ATURE AND TYPED OR PAINTED HAME OF SIGNING OFFICER OR DIRECTOR

DELETE

362-9139 Dayline Prone #

CR2E034 (12/95)

☐ Change

☐ Addition