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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

ANN	IUAL REPORT 1996	Sandra B. Mortnami Secretary of State Division OF CORPORATIONS						
DOCU 1. Corporation	JMENT #	P930000	09038 (9)				
1	ERNATIONAL BRE		•	•				
								YI Baras (ika 1861 1861
Principal Place of Business Mailing Address						4 TANKANAN KAR TOTOK MINIK BUNKA BI		\$5 \$1 \$1 \$1 \$4
				WEETWATER BLVD S WOOD FL 32779				
2 Principal F	Place of Business		75.11			3. Date Incorporated or Qualified 02/01/1993	3a. Date of Las 04/11	
21 2		2a.	Mailing Address	TIRLL OF	j-	4. FEI Number 59-3173749		Applied For
Suite, Apt. #, etc. Suite, Apt. #, e				arree Cr			¢R.	Not Applicable 75 Additional
27						5. Certificate of Status Desired		ee Required
	UTER SOR	INIGS F/28	City & State	SURING	< 1	Election Campaign Financing Trust Fund Contribution		.00 May Be
コスク	Country Country	y< 1 km = 1	Zip ZO OA O	Country	ر بر <u>د.</u> ا	8. This corporation has hability for in		ded to Fees
24 Od	9. Name and Addre	Ss of Current Regist	OZ708	[30] X-1///	UCIO	Florida Statutes 🔲 Yes	□No	
			orea Agent	81 Name	7	10. Name and Address of New Ro		
	iman, ernest r sr			82 Stree	Adores		SCHAIA	NJR.
BUT SWEETWATER BLVD S						s (P.O ₃ Box Number is Not Acceptabl)	OURT	
LONG	WOOD FL 32779			83				
				84 City	11/11	Tiro Samo	85	Zip Cpde
11. Pursuant	to the provisions of Secti	ons 607.0502 and 607	.1508, Florida Stalute	s, the above named o	corpo alic	on submits this statement for the purp defectors. Thereby accept the appo	Cose of changing its	S registered office
familiar wi	th, and hotept the obliga	tions of, Section 607.0	change was authorize 595, Florida Statutes.	d by the corporation's	s board c	directors. Thereby accept the appoint	intment as registere	ed agent. I am
SIGNATURE.	Signardie, typed or printed name	CAL A V	-ctselmia		***		4-2-46	e l
12.		FFICERS AND DIRECT	ORS	E. Hagisterod Agent signature 13.	coquect wh	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECT	IORS IN 12
TIPLE	SB COSSAIDT DATE	NOIA A	DELFIE	1 1 TILLE	5	B	Change	
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CHY ST-ZIF				2.4 CITY - \$1 - ZIP				
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NAME				4.2 NAME			Change	Addition
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CiTY-ST-ZiP	·			4.4 CHY-SI-ZIP				1
TITLE			DELETE	5 1 TITLE			☐ Charige	☐ Addition
NAME CIRCLE ADDRESS				5 2 NAME				[
STREET ADDRESS CITY-ST-ZIP				5.3 STHEET ADDRESS				į
TIFLE			DELETE	5.4 CITY - ST - 7IP				
NAME			L. DECT	6 1 HILE 62 NAME			☐ Change	Addition
				O E HONE				1

STREET ADDRESS

CHY-ST-ZP

14. If 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 legal effect as if made under appears in Block 12 or Block 13 if changed, or on an attachment with an address.

(ACT)

(ACT)

(Author Prove)