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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCU	MENT	# P9300 0	0014426 (9	9)							
1. 00 portion	n Name CMICH C		, , , , , , ,	ν,							
Principal Place	Principal Place of Business Mailing Address							I HANDINDAY IKA TREAD UNUN ODAKI ADAK			1868 HUU BHA HUU
544 ARTHUR GODFREY RD. MIAMI BEACH FL 33139			544 ARTHUR GODFREY RD. MIAMI BEACH FL 33139								
								Date Incorporated or Qualified 02/25/1993		e of Last I 04/28/1	
2. Principal Pl	lace of Busin	ess	2a. Mailing Address					4. FEI Number		Ė	Applied For
Suite, Apt.	# etc.		Suite Ant # etc	Suite, Apt. #, etc.							Not Applicable
22	n, o.c.	27 Suite, Apr. #, etc.					5. Certificate of Status Desired			5 Additional Required	
City & State			City & State					6. Election Campaign Financing			-
23		28					Trust Fund Contribution			00 May Be ed to Fees	
Zip 24		Country 25	Zip 29	30				8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No			
	9. Name	and Address of Current F		10. Name and Address of New Ro	egistered	Agent					
CHACE	TT EN ECA	•			81	Name	,				
	TZ, EILEEN ISHINGTOI				82	Street	Addres	s (P.O. Box Number is Not Acceptabl	e)		
999 WASHINGTON AVENUE MIAMI BEACH FL 33139					83	 					
***************************************	<i></i>	00100			84						
									FL		rp Code
11. Pursuant t	to the provision	ons of Sections 607.0502 ar	nd 607.1508, Florida Statut	tes, the	above-r	named c	orporati	on submits this statement for the purp of directors. I hereby accept the appo	ose of cha	anging its	registered office
familiar wit	th, and accep	of the obligations of, Section	Such change was authorize 607.0505, Florida Statutes	zea by s.	the corp	oration s	s board	of directors. I hereby accept the appo	intment as	registered	d agent. I am
SIGNATURE								·			
12.	Signature, typeo	or printed name of registered agent and OFFICERS AND D			istered Agen	it signature	required wi	ADDITIONS (OLIMANOSO TO OSSI	DATE		
TITLE	PD	0.7.02.1071.5	DELETE		1. 1 TOTLE		T –	ADDITIONS/CHANGES TO OFFIC		DIRECTO Change	ORS IN 12 Addition
NAME		GUEZ, MARIO			1.2 NAME				L	Utla-iga	E Adordon
STREET ADDRESS	544 AR		1.3 STREET ADDRESS		ADDRESS						
CITY-ST-ZIP		BEACH FL 33139			1.4 CITY - S		ļ				İ
TITLE	SD		DELETE		2. 1 TITLE		T			Change	Addition
NAMÉ		BUEZ, MERCEDES		ı	2.2 NAME						
STREET ADDRESS	•	THUR GODFREY RD.			2 3 STREET ADDRESS						
CITY+ST-7IP TITLE	MIAMILI	BEACH FL 33139	(Drutte		24 CITY-S	T-ZIP	ļ				
NAME			☐ DELETE		3. 1 TITLE		ŀ			Change	☐ Addition
STREET ADDRESS				3.2 NAME 3.3 STREET ADDRESS							
CITY-ST-ZIP											
TILLE			☐ DELETE	3.4 CITY - ST - 2IP DELETE 4.17ITLE		<u> </u>			Change	Addition	
NAME					4 2 NAME				L	_ Change	☐ ADDITION
STREET ADDRESS					4 3 STREET	ADDRESS					
CITY-ST-ZIP					4.4 CITY - S1						
THILE			☐ DELETE		5 1 TITLE					Change	Addition
NAME				:	5.2 NAME				_		
STREET ADDRESS				:	5.3 STREET ADDRESS						
CITY-ST-ZIP			P**		5.4 CITY - \$1	I-ZIP					_
TITLE			☐ DELETE	- 6	6 1 TITLE					Change	☐ Addition
NAME CTUCET ADODESC					6 2 NAME						ŀ
STREET ADDRESS CITY-ST-ZIP					6.3 STREET /						
	certify that t	he information supplied with	this filing is voluntarily furn	ished a	6.4 City-St and does	-ZIP not que	lify for th	ne exemption stated in Section 119.0	7(3)(k) Flor	rida Statut	les I further

4. 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 legal 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 changed, or on an attachment with an address.

SIGNATURE: Many Typeo OR PRINTED NAME OF THE OR DIRECTOR

4/25/96 305-551-082