FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE



ANN	PRPORATION JUAL REPORT 1996	Sec	dra B. Mortha cretary of Sta OF CORPOR	te			
1. Corporation	JMENT # P930 O CORPORATION	00018625 ((2)				
Discipal Play							
9350 S DIX	ce of Business	Mailing Address					
PH-2		245 VISCAYA Coral Gable Fl	33134				
MIAMI FL 3	33156	US			3. Date Incorporated or Qualified	3a. Date of Last F	leport
2 Principal f	Place of Business	2a. Mailing Address			03/11/1993 4. FEI Number	02/20/19	
21	Tiode of Edginogg	26			65-0400606	h	Applied For Not Applicable
Suite, Apt	i. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional
City & Sta	nte	City & State			6. Election Campaign Financing	Fee	Required
23		28			Trust Fund Contribution		0 May Be d to Fees
Z _i p	Country	Zip		intry	8. This corporation has liability or	_ •	199.032,
24	25 9. Name and Address of Curr	29 rent Registered Agent	30	T	Florida Statutes Yes 10. Name and Address of New I		
				81 Name			
NASIO, RUBEN				82 Street Add	ress (P.O. Box Number is Not Accepta	ble)	
	SCAYA L GABLE FL 33134			83			
CONAL	L GADLE PL 33134			• • • • • • • • • • • • • • • • • • •			
				h			
11. Pursuant	t to the provisions of Sections 607.05	502 and 607.1508. Florida Stat	tutes, the abo	84 City	aration submite this elateragest for the re-	FL	p Code
SIGNATURE	Signature, typed or printed name of registered ag	gent and title it annicable			oration submits this statement for the purific of directors. Thereby accept the appartmentatogic	FL	registered office agent. Larn
SIGNATURE	Signature, typed or printed name of registered ap	gent and steelt amnicable AND DIRECTORS	(NOTE: Registered	ove-named corpo- corporation's boa		III DOSE OF CHANGING ITS INDICATED ITS INDICATED ITS INDICATED ITS INDICATED IN THE INDICATED ITS IN	registered office agent. Larn
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS A	gent and title it annicable	(NOTE: Registered 13.	ove-named corporation's boa	al wien renstangi	II pose of changing its roointment as registored	registered office i agent. I am
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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 only an attackment with as address.

SIGNATURE: SIGNATURE AND PED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Phone #