FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Feb 13 1997 8:00am

Secretary of State

1997

DOCUMENT # P93000020743 (9)

PUNDED	EQUITIES II, INC.				
Principal Place	e of Business	Mailing Address		3 188 188 188 188 186 186 186 186 186 186 186 186 186 186 186 186 186 186	88/18 11010 80 141 FEBSI OLUBU 1187 1001
2400 BRICKELL AVE APT 101D 2400 BRICKELI		% HERB BAILEY 2400 BRICKELL AVE APT MIAMI FL 33129-2443	101D		,
				Date Incorporated or Qualified 03/19/1993	3s. Date of Last Report 04/25/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0399294	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
		27			Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
Zip	Country	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability for in	
24	25	29	30	· · · · · · · · · · · · · · · · · · ·	Yes No
	g, Name and Address of Currer			10. Name and Address of New Rec	stered Agent
ALLE	N, GEORGE		81 Name		
241 SEVILLA			82 Street Add	ress (P.O. Box Number is Not Acceptable	le)
SUITE 1005					,
COR	IAL GABLES FL 33134		83		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the above-named corp	poration submits this statement for the pr	urgose of changing its registered
office or r	egistered agent, or both, in the State im familiar with, and accept the oblig-	of Florida. Such change was ations of, Section 607.0505, Fi	authorized by the corporation or a corporation of the corporation of t	tion's board of directors. I hereby accep	t the appointment as registered
SIGNATURE					
SIGNATORE	Skipingure, typed or printed name of registered ago		16: Registered Agent signature requ-		DATI
12.	OFFICERS AN	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 Change Addition
TITLE	PANEY MEDDEOT (☐ DELETE	1.1 THILE		Change Madition
NAME	Bailey, Herbert J. 2400 Brickell Avenue 101-0	n	1.2 NAME		
STREET ADDRESS	MIAMI FL	•	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	S	DELETE	1.4 CITY - S1 - ZIP 2.1 TITLE		Change Addition
NAME	BAILEY, HERBERT J.		2.2 NAME		
STREET ADDRESS	2400 BRICKELL AVENUE 101-6)	2.3 STREET ADDRESS		
CHY-SI-ZIP	MIAMI FL	_	2. 4 CITY-ST-ZIP		
TITLE	T	DELETE	3.1 TITLE		Change Addition
NAME	BAILEY, HERBERT J.		3.2 NAME		
STREET ADDRESS	2400 BRICKELL AVENUE 101-0		3.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL		3.4 CITY-ST-ZIP	·	
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4,4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP		Drugge	5.4 CHTY-ST-ZIP		Change Addition
TITLE		DELETE	6.1 TITLE		∐ Change ☐ Addition
NAME			6.2 NAME	-	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i) 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.