ANNUA	OFIT DRATION L REPORT <b>996</b>			ra B. Mort etary of St	STATE				
Corporation N	ENT # F AND MIKES AP		)26596 ( RVICE, INC.	5)	7				
incipal Place of Business 13390 SW 131ST ST BAY 127			Mailing Address 13390 SW 131ST ST BAY 127 MIAMI FL 33186						
aiami FL 3318 Js	36		US			Date Incorporated or Qualified     04/09/1993     4. FEI Number		of Last Rep 5/01/199	
Principal Place	e of Business	<u>}</u> —	2a. Mailing Address			65-0434046		No	ot Applicable
Suite, Apt. #,	etc.	2	Suite, Apt. #, elc. P7		Ţ	Certificate of Status Desired     Rection Campaign Financing			equired May Be
City & State Zip	Count		Zip	Co	untry	Trust Fund Contribution  8. This corporation has liability f			to Fees 199.032,
·	25 g. Name and Addr		egistered Agent	30		Florida Statutes L \ 10. Name and Address of New		\gent	
13390 SV BAY 127 MIAMI FL					83 84 City		EI	85 Zip	Code
BAY 127 MIAMI FL Pursuant to or registered familiar with	W 131 ST STREET  - 33186  If the provisions of social diagent, or both, in the provision of social diagent, and according to the color of the color	/m-			84 City ove-named corporation's bos	ration submits this statement for the and of directors. I hereby accept the a	FL purpose of cha	1 1	
BAY 127 MIAMI FL Pursuant to or registered familiar with	w 131 St street _ 33186	/m-	nite it applicable. :HECTORS		B4 City  Dove-named corpo e corporation's bost		purpose of cha appointment as Qre	inging its registered	egistered offi agent. I am S
Pursuant to or registerer familiar with SNATURE.	M 131 ST STREET  33186  The previsions of occupant, or best, in the previsions of occupant, and accept the oligonian of the occupant of the oc	e ov agriered agent and to	inte it applicable. IRECTORS  DELETE	NOTE Register  13 1. 1.2 1.3	B4 City  Dove-named corpo e corporation's bost	ed wher is instating)	purpose of cha appointment as Union OFFICERS AND	anging its registered  4/9- DIRECTOI	ogistered offi agent. I am BS IN 12
BAY 127 MIAMI FL Pursuant to or registerer familiar with	N 131 ST STREET  33186  the provisions of 95 diagent, or both, in the provisions of 95 diagent, or both in the provision of 95 diagent of 195	A CERS AND DE	inte it applicable. IRECTORS  DELETE	NOTE   Progressor   13	B4 City  Over-named corporation's booked Agent signature require  Title  NAME  STREET ADDRESS  CITY-S1-ZIP  TITLE  NAME  ISTREET ADDRESS	ed wher is instating)	purpose of cha appointment as Union OFFICERS AND	anging its registered  4/9- DIRECTOI	egistered offi agent. I am S
Pursuant to or registere familiar with SNATURE.	M 131 ST STREET  33186  The previsions of occupant, or best, in the previsions of occupant, and accept the oligonian of the occupant of the oc	A CERS AND DE	inte d'aggidicatifé. :HECTORS   DELETE	13 1. 1.2 1.3 1.4 2. 2.2 2.3 2.4 3.3 3.3 3.3 3.3 3.3 3.3 3.3 3.3 3.3 3	B4 City Dove-named corporation's bost or corporation's bost of Agont signature requirements.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ed wher is instating)	purpose of cha appointment as Cyre DFFICERS AND	anging its registered  4/9- DIRECTOI	ogistered offi agent. I am  RS IN 12 Addition
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SIGNATURE: \_\_\_

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR