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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000027566 (7)

**FILED** Feb 19 1997 8:00am Secretary of State

CUE SIL	K, INC.							
Principal Place of Business 2510 SW 81 AVENUE APT. 208 DAVIE FL 33324		Mailing Address 2510 SW 61 AVENUE APT 306 DAVIE FL 33324-5767				AGGI SIMB BAIA	. <b>V</b> ill ( <b>DQ</b> I	
US		US			<ol> <li>Date Incorporated or Qualified 04/12/1993</li> </ol>		ate of Last Re 27/1996	hode
	ace of Business	2a. Mailing Address			4. FEI Number 65-0400803		1 1	plied For
Suite, Apt. i	# etc.	Suite, Apt. #, etc.		······································		×	\$8.75 A	t Applicable
22		27			5. Certificate of Status Desired	<u>~</u>	Fee Re	<del></del>
City & State 23		City & State		<u> </u>	Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t	
Zip	Country	Zip	<u>}</u> 1	intry	8. This corporation has liability fo			199.032,
24	9. Name and Address of Current	Registered Agent	30	<del>                                     </del>	Florida Statutes  10. Name and Address of New R		No Agent	
LAW	RENCE, RONALD	Trogistoro Agent		81 Name				
701 S.W. 10TH TERRACE				82 Street Add	ress (P.O. Box Number is Not Accepta	able		
HALI	LANDALE FL 33009				585 (F.O. BOX NUMBER IS NOT ACCEPTABLE)			
				83				İ
				64 City	<del>,,</del>	FL	<b>85</b> Zip (	Code
office or re agent. Lar	to the provisions of Sections 607,0502 egistered agent, or both, in the State on In familiar with, and accept the obligat	of Florida, Such change was	authorize	d by the corpora	poration submits this statement for the tion's board of directors. I hereby acc	purpose of ept the app	changing its cintment as	s registered registered
SIGNATURE	Signature, typod or printed harne of registered agen	and title if applicable (NO	TE Registere	d Agent signature requi	red when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	ICERS AND		
TIME	LAWRENCE, RONALD	☐ DELETE	1.1 T	!			Change	Addition
NAME STREET ADDRESS	701 S.W. 10TH TERRACE			TREET ADDRESS				
CITY-SI-7IP	HALLANDALE FL 33009		- 1	TY-ST-ZIP				
TITLE		DELETE	2.1 T	TLE			Change	Addition
NAME			2.2 N	AME				
STREET ADDRESS				TREET ADDRESS				1
CITY - ST - ZIP TITLE		DELETE	2. 4 ( 3.1 T	TITY-ST-ZIP			Change	Addition
NAME		EJ oktere	32 N					
STREET ADDRESS				TREET ADDRESS				
CITY-ST-ZIF			1	ITY-ST-ZIP				
TITLE		DELETE	4.1 T				Change	Addition
NAME			4.21	AME				
STREET ADDRESS			4.3 S	TREET ADDRESS				
CITY-ST-ZIP				ITY-ST-ZIP	····		<del></del>	
TITLE		DELETE	5.1 Ti	·			Change	Addition
NAME			5.2 N					
STREET ADDRESS				TREET ADDRESS				]
CITY-S1-Z:P		DELETE	54 C	ITY-ST-ZiP			Change	☐ Addition
NAME		LJ peccie	6.2 N	1	,		- Change	
STREET ADDRESS				TREET ADDRESS	•			
CITY-ST-ZIP			1	ITY-ST-ZIP				
	by certify that the information supplied	with this filing does not qual			d in Section 119.07(3)(i), Florida Statut t my signature shall have the same le	tes. I furthe	r certify that	the

and an electric field of the appointment of the app

BNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0262869