SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # P93000029712 (5)

Principal Place of Business P.O. BOX 220137 HOLLYWOOD FL 33022		Mailing Address P.O. BOX 220137 HOLLYWOOD FL 33022			
				3. Date Incorporated or Qualified 04/22/1993	3a. Date of Last Report 04/18/1995
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite Apt	# 616	26	w	65-0410304	Not Applicable
2	w, 610	Suite, Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional
City & State	<u> </u>	City & State			Fee Required
3		28		 Election Campaign Financing Trust Fund Contribution 	\$5.00 May Be
Zip	Country	Zip	Country	This corporation has fiability for in	Added to Fees
4	25	29	30	Florida Statutes	Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Reg	
	ICIAN, DANIEL		81 Name		
	8 ROOSEVELT ST.		82 Street Add	dress (P.O. Box Number is Not Acceptable	1)
НО	LLYWOOD FL 33021		83		
			63		
			84 City		■ 85 Z ₄ p Code
11. Pursuant t	to the provisions of Sections 607,050	02 and 607.1508, Florida Statu	ites, the above named corn	poration submits this statement for the pur	FL 183 Zip Code
office or re agent I ar	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida, Such change was	authorized by the corporal	poration submits this statement for the purporal in the purporal spears of directors. I hereby accept the	pose of changing its registered. The appointment as registered.
SIGNATURE	and docupi the oblig	COCO, COCION OU ACOUS, FI	ionoa Statutes.		•
	Signature, typed or printed name of regestered agr				
	orginalist hyperation printering here engineering age	ent and the if applicative (8).	HF. Registered Agent's grature requi	sed when reinst doug	TATE
12.	OFFICERS AN	est acombe it applicable (fig.) ND DIRECTORS	HE Registered Agent's gnature requi		DAT: RS AND DIRECTORS IN 12
12. TITLE	OFFICERS AN			ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
I2. TITLE NAME	OFFICERS AN DP FELICIANO, DANIEL	ID DIRECTORS	13.		RS AND DIRECTORS IN 12
12. Title Name Street address	OFFICERS AN DP FELICIANO, DANIEL 4318 ROOSEVELT ST.	ID DIRECTORS	13. 11TILE		RS AND DIRECTORS IN 12
12. Title NAME Street address CHY-ST ZIP	OFFICERS AN DP FELICIANO, DANIEL 4318 ROOSEVELT ST. HOLLYWOOD FL 33021	ID DIRECTORS	13. 11 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST-ZIP		RS AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS CHY-ST ZIP TITLE	OFFICERS AN DP FELICIANO, DANIEL 4318 ROOSEVELT ST. HOLLYWOOD FL 33021 DST	ID DIRECTORS	13. 11 Title 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE		RS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST ZIP TITLE	OFFICERS AN DP FELICIANO, DANIEL 4318 ROOSEVELT ST. HOLLYWOOD FL 33021 DST FELICIANO, SHARON	ID DIRECTORS	13. 11 TITLE 12 NAME 1.3 STREET ADORESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME		RS AND DIRECTORS IN 12 Change Addition
12. TITLE NAME STREET ADDRESS CHY-ST, ZIP TITLE NAME STREET ADDRESS	OFFICERS AN DP FELICIANO, DANIEL 4318 ROOSEVELT ST. HOLLYWOOD FL 33021 DST FELICIANO, SHARON 4318 ROOSEVELT ST.	ID DIRECTORS	13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY - ST - ZIP 21 TITLE 22 NAME 23 STREET ADDRESS		RS AND DIRECTORS IN 12 Change Addition
TITLE NAME STREET ADDRESS CITY-ST ZIP OTTLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN DP FELICIANO, DANIEL 4318 ROOSEVELT ST. HOLLYWOOD FL 33021 DST FELICIANO, SHARON	ID DIRECTORS DELETE DELFTE	13. 11 TITLE 12 NAME 1.3 STREET ADORESS 14 CITY - ST - ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP		RS AND DIRECTORS IN 12 Change Addition Change Addition
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TITLE NAME STREET ADDRESS DITY-ST ZIP INTLE NAME STREET ADDRESS DITY-ST-ZIP INTLE LAME LAME	OFFICERS AN DP FELICIANO, DANIEL 4318 ROOSEVELT ST. HOLLYWOOD FL 33021 DST FELICIANO, SHARON 4318 ROOSEVELT ST.	ID DIRECTORS DELETE DELFTE	13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST-ZIP 31 TITLE 32 NAME		RS AND DIRECTORS IN 12 Change Addition Change Addition
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SIGNATURE:

I do hereby certify that the information supplied with this filling is voluntarily turnished 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 it made under eath, that I am an officer or directure if the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statules, and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address

GNATURE:

GNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Division Plant 1.