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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P9300033033 (0) 1. Corporation Name 8369 CORPORATION Principal Place of Business Mailing Address 8369 PINES BLVD 8369 PINES BLVD					1 11 6 14 6 7 14 14 14 14 14 14 14 14 14 14 14 14 14 			
	KE PINES FL 33024	PEMBROKE PINES						
					3, Date incorporated or Qualified 05/06/1993	3a. Date o	of Last R	•
2. Principal P	Principal Place of Business 2a. Mailing Address				4. FEI Number	_		Applied For
26							Not Applicable	
2 27					5. Certificate of Status Desired			Additional Required
City & State	e	City & State			6. Election Campaign Financing			May Be
23		28			Trust Fund Contribution		Added	d to Fees
Ζφ 24	Country 25	Zip	Country		8. This corporation has liability for		under s	199.032,
<u></u>		29 29 29 29 29 29 29 29 29 29 29 29 29 2	[30]		Florida Statutes	. □No		
			81 Na	me	10. Hame Bilo Addiess Of Maw i	ragistered A	jent	
LABE	LL, JULIAN				/D O D - N - / / / / / / / / / / / / / / / / /			-
	PINES BLVD		82 Str	eet Address	(P.O. Box Number is Not Acceptate	ole)		
PEMB	ROKE PINES FL 33024		83					
			84 Cit	,			T	
			1, 1, 2,	,		FL	,	Code
or register familiar wi	red agent, or both, in the Stati th, and accept the obligations	:07.0502 and 607.1508, Florida Stati o of Florida. Such change was author of, Section 607.0505, Florida Statut	utes, the above-name rized by the corporations.	d corporation's board of	on submits this statement for the purification of directors. I hereby accept the app	rpose of chang ointment as re	ging its re gistered	egistered office agent. I am
SIGNATURE .	Signature, typed or printed name of regis	stered energl and the if applicance	MOTE. Decidend					
12.		CERS AND DIRECTORS	NOTE: Registered Agent signal 13.	ture required wh	ADDITIONS/CHANGES TO OFF	DATE ICERS AND D	IDECTO	DQ INI 10
TITLE	0	☐ DELETE	1. 1 TITLE	72	25		Change	Addition
NAME.	LABELL, JULIAN		1.2 NAME	1-6	LAT I A CAPIL			_
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	3918 BUCHANAN S		1.3 STREET ADDRE	ss 20	31 NE 16320 5	a-		
	HOLLYWOOD FL 33	1021		S 20	IN LABELL 31 NE 16320 S MIDMI BCH FL	17. 3316	-2	
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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 logal effect as if made under cath; that I am an officer or director of the deproration 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 inchanging a logal effect as if made under appears in Block 12 or Block 13 inchanging a logal effect as if made under appears in Block 12 or Block 13 inchanging a logal effect as if made under appears in Block 12 or Block 13 inchanging a logal effect as if made under appears in Block 12 or Block 13 inchanging a logal effect as if made under appears in Block 12 or Block 13 inchanging a logal effect as if made under appears in Block 12 or Block 13 inchanging a logal effect as if made under appears in Block 12 or Block 13 inchanging a logal effect as if made under a logal effect as if made

SIGNATURE: _

TOCIAN LA BULL

4-19-96 Date

305-947-2/43 Daylimie Phone #