FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

P93000039807 (1)

Principal Place of Business Malling Address 1450 CORAL WAY 1450 CORAL WAY SUITE 12 SUITE 12 MIAMI FL 33145 MIAMI FL 33145						
					3. Date Incorporated or Qualified	
2. Principal Pla	ace of Business	2a. Mailing Address	9		06/01/1993 4. FE! Number	04/18/1995
21		26		65-0466404	Applied For Not Applicable	
Suite, Apt. 4	#, etc.	Suite, Apt. #, e	tc.		5. Certificate of Status Desired	SR 75 Additional
22		27		···	5. Certificate of Status Desired	Fee Required
City & State	ı	City & State			6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Z ₁	Country		Trust Fund Contribution	Added to Fees
4 25		7(p) Country 29 30			8. This corporation has liability fo Florida Statutes Yes	r intangible tax under s. 199.032, es. □ No
	9. Name and Address of Curre]30		10. Name and Address of New	
			81	Name		Tregional Agoni
DICKINS	ON, SHERIDAN G SR.		82	Stroot Add	ress (P.O. Box Number is Not Accenta	Malax
	PAL WAY		52	Street Add	ress (* .o. box namber is not Accepte	ibie)
SUITE 1	_		83			
MIAMI F	L 33145		84	City		85 Zip Code
44		77.5		· 1	ration submits this statement for the pa	
TITLE NAME	PSD DICKINSON, SHERIDAN G (13. 1 : TITLE 1.2 NAME		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12 Change Addition
STREET ADDRESS	1450 CORAL WAY, SUITE 1	2	13 STREET	ADDRESS		
CITY-SI-ZIP TITLE	MIAMI FL 33145	T DELETE	1 4 CITY - S	T - 7(P		
NAME			2 1 TITLE 22 NAME			Change 🔲 Addition
			2.3.STREET	AUDRESS		
DITY-ST-ZIP	<u> </u>		2.4 CITY - S			
TITLE		DELETE	3 : 11TLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			33 STREET	ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3 4 Cily-S	I - ZIP		
NAME			4 1 TITLE			Change Addition
STREET ADDRESS			4.2 NAME	ADDRE CC		
CHTY-ST-ZIF			4 4 CHY-S			
THILE		DELFTE	5 1 TITLE	ZIP		Change Addition
NAME			5.2 NAME			□ change □ Mad(((0))
STREET ADOPESS			53 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CiTY-S1			
TITLE	☐ DFLEIE		€ 1 Ti1LE	€ 1 TilLE Change		Change Addition
NAME			6 2 NAME			
STREET ADDRESS			63 STREET	ADORESS		
City-St-ZiP	cortify that the information averaged	with this floor is well as 1.	6.4 CITY - ST	- ZIP		
certify that to oath; that to appears in to	the information indicated on this ann am an officer or director of the corpi Block 12 or Block (3) if changed for	ual report or supplemental pration or the regover or tr on an attachment with an	i annual report is trui ustee empowered to address.	not quality to e and accura o execute this	or the exemption stated in Section 119 te and that my signature shall have the s report as required by Chapter 607, Fi	.07(3)(k), Florida Statutes. I further same legal effect as if made under lorida Statutes; and that my name

SIGNATURE:

STATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/96

305-858-7//8