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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

SIGNATURE: _

DIVISION OF CORPORATIONS

1. Corporation		P9300 ING COMPAI		43707 (°	7)						
Principal Place of Business 10214 SW 8 TERR				Mailing Address							
MIAMI FL 33174				MIAMI FL 33174							
								3. Date Incorporated or Qualified	3a. Date of I	Last Re	port
2. Principal Pla	ace of Business	28.	2a. Mailing Adoress				06/14/1993 4. FEI Number	04/2	8/199		
21		26	<u> </u>				Applied Fol			ot Apolicable	
Suite Apt #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired	□ \$	8.75	Additional
City & State				City & State				6. Election Campaign Financing			equired
23				28				Trust Fund Contribution			May Be to Fees
Zφ	├	Country		Ziρ	C		,	8. This corporation has liability for	ntangible tax under s. 19		
24	9. Name and Address of Current F			29 30		10		Florida Statutes Yes No 10. Name and Address of New Registered Agent			
			g.p.	Agent		81	Name	10. Name and Address of New H	egistered Age	<u>nt</u>	
ARMSTR	ONG, MARIELE	NA T						(5.0.0)			
10214 SW 8 TERR MIAMI FL 33174						82	Street Ack	dress (P.O. Box Number is Not Acceptab	le)		
						83	· · · · · · · · · · · · · · · · · · ·				
						84	City		—. 8:	5 70	Code
11 Pursuant to	the provisions of	Sections 607 0601	Donal CO	4.502 Electric 05-1		[· '	
or registere	ed agent, or both, i	n the State of Flore	da Such	change was authori 505, Florida Statute	ites, the ized by tl	above r he corp	named corpo oration's boa	oration submits this statement for the pur and of directors. Thereby accept the appo	pose of changin Entroent as regis	g its reg stered a	gistered office ligent. Lam
SIGNATURE	i, and accept the t	obligations of, Sect	non 607.6	5505, Florida Statute	rS.						J
	Signature, typed or printed	triane of registered agent	Land though ap	spleatre (N	iO1ε Fegin	ered Agen	tsignatur, requi	ed when re-instatings	DATE		
12.		OFFICERS AN	D DIREC	TORS		3.		ADDITIONS/CHANGES TO OFFI	CERS AND DIR	ECTOR:	S IN 12
TIFLE NAME	D			DELETE		1 TITLE			☐ Ct	lange	Addition
STREET ADDRESS	10214 SW 8	i, MARIELENA				.2 NAME	Lenosco				
CITY - ST - ZIP	MIAMI FL 33				1	3 STREET 4 City - S	ļ				
THTLE	D			☐ DELETE		1 TITLE	1 - 211		☐ Ch	ang€	Addition
NAME	ARMSTRONG				2	2 NAME				- 3- 1	
STREET ADDRESS	10217 017 0 121111				2.3 STREET AC		ADDRESS				
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NAME				□ nereit	1	1 TIFLE	İ		☐ Ch	ange	☐ Addit-on
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THLE				DEL ETE		1 TITLE	-		Ch	ange	Add-tion
NAME					4	2 NAME					
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NAME				☐ DELETE		1 TITLE 2 NAME			☐ Cha	ange [Addition
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CITY-ST-ZIP						4 CITY - ST					i
THTLE				☐ DELETE		1 TITLE			☐ Chá	ange [Addition
NAME					. 67	NAME			_	_	
STREET ADORESS					6	3 STREET A	ADORESS				
CITY-ST-ZIP	certify that the info	rmakon di kadasa	uith thin 6	ing is volunted to \$ 1	aland d	CITY SI					
certify that to oath; that I a	he information indi- am an officer or dir	caled on this annu	al report or trabon or t	or supplemental ann he receiver or truste	rees ing _i tebo renen at	io ooes rt is truc vered to	not quarry f and accura execute thi	or the exemption stated in Section 119.0 ate and that my signature shall have the s is report as required by Chapter 607, Flor	17(3)(k), Florida S ame legal effect rida Statutes; an	itatutes. : as if ma id that n	. I further ade under

HARLE KNW 1. GRASTONS

5/11/96 (305) 264-0362