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PROFIT *
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000043845 (5)

FILED Mar 19 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 8820 NORTH 28TH AVENUE 3820 NORTH 29TH AVENUE HOLLYWOOD FL 33020										
4 · · · · · · · · · · · · · · · · · · ·						3. Date Incorporated or Qualified 06/18/1993	3a. Date of 1 06/14/19		eport /	
2. Principal Pl	ace of Business	2a. Mailing Address	1			00.000000			plied For t Applicable	e
Suite, Apt.	#, etc.	Suite, Apt #, etc [27] City & State [28]				5. Certificate of Status Desired			\$8.75 Additional Fee Required	
City & State	•					6. Election Campaign Financing Trust Fund Contribution 55.00 May Be Added to Fees				
Ζίρ 24	Country 25	Z(p)	Country 30			This corporation has liability for intangible this under s. 199,032, Horida Statutes				
MOR	Name and Address of Curren BOH, MOISES	t Registered Agent		81	Name	10. Name and Address of New Reg	gistered Agent			{
3920 NORTH 29TH AVENUE HOLLYWOOD FL 33020			T	82	Street Addr	Address (P.O. Box Number is Not Acceptable)				
1100	4		1	ВЗ						7
			1	84	City		FL B5	Z φ (Code	
SIGNATURE	Signature, type doe printed name of register disposed on DELICERS AN	nt and title if apolerable (NC D DIRECTORS		Aper		oration submits this statement for the pion's board of directors. I hereby accepted with renaiding) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRE	CTOR	S IN 12	-
NAME STREET ADDRESS CITY-ST-ZIP	MORDOH, MOISES 3920 NORTH 29TH AVENUE HOLLYWOOD FL 33020	NORTH 29TH AVENUE		AE Ceta	ADDRESS 1- ZIP	L		ange	Addition	
TITLE NAME STREET ADDRESS		DELEVE	2.1 TITLE 22 NAM 23 SIRE 2.4 CHY E 3.1 TITLE 3.2 NAM		ADDRESS)		Cı	nange	Addition	'
CITY-ST-ZIP TITLE NAME STREET ADDRESS	4	DETETE			ADDRESS		CI	nange	Addition	-
CITY-\$T-ZIP TITLE NAME STREET ADDRESS		DELETE 4		3.4. CHY-S1-79' 4.1 HILE 4.2 NAME 4.3 STREET ADDRESS			CI	nange	Addition	-
CITY-ST-ZIP TITLE NAME .STREET ADDRESS		DELETE	5.1 TELE 5.2 NAME 5.3 STREE				Ct	ange	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS		DETER	5.4 CHY 6.1 THL 6.2 NAM 6.3 STRI	E ME	ADDRESS	· · · · · · · · · · · · · · · · · · ·	☐ Cr	ange	Addition	-
14. I do hereb information I am an off	y certify that the information supplied indicated on this annual report or s ficer or director of the corporation	I with this filing does not qua up terriental arrivation or is the receiver or pristee empo	6400Y alify for the e true and ac awered to ex	xer	notion stated	in Section 119.07(3)(i), Florida Statutes my signature shall have the same legal i as recliired by Chapter 607, Florida St	. I further certif effect as if ma- atutes; and tha	y that de und t my n	lhe ler oath; tha ame	at