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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

P93000045789 (3)

I IMEDIA	AZIL CORPORATION					
ncipal Place of E	Business	Mailing Address		, (65),		
160 S.E. 2ND	AVE.	150 S.E. 200 AVE.				
#809 MIAMI FL 33131 MIAMI FL 33131						
MIAM FL 33131 MIAMI &L 33131				 Date Incorporated or Qualified 06/29/1993 	3a. Date of Last Re 04/26/19	•
				4. FEI Number	<u> </u>	Applied For
Principal Place	of Business	2a. Melling Address	ADDRESS:	65-0421090		Not Applicable
Cuite Ant # o	NEW ADDRESS:	Suite POO N W	36 Street. #2	27. Certificate of Status Desired	\$8.75	Additional
	N.W. 36 Street, #2	D7 Miam	I, FL 33166_	5. Certificate of Status Desired		Required
		City & State	: 718-8819	6. Election Campaign Financing		May Be
	Miami, FL 33166	28	. 710-0015	Trust Fund Contribution	Aude	to Fees
Zip 🧎	\ Ph: 718-8819		718-8949	B. This corporation has liability for Florida Statutes Yes	s No	199.032,
	Faxe5718-8949 Name and Address of Current i	29 Pagistered Agent	30	Name and Address of New I		
	9. Name and Address of Current	Togistered Agent	81 Name	NEW ADDRES		
DANIDO :	ICADAEL D		22 Chast Adds	-7220 N.W. 96 Street	55; 56) #555	
	isarael B 2nd Ave.		82 Street Addr			
#809	An Ar.		83	Miami, FL 331		
MIAMP FL	33131		84 City	Ph: 718-881		p Code
				Fax: 718-894		
						ranistared offic
. Pursuant to	be provisions of Sections 607.0502 a	nd 607.1508, Florida Statutes	s, the above-named corpor	wybmits this statement for the pu	urpose of changing Its I nointment as registered	l agent. I am
. Pursuant to to or registered familiar with.	be provisions of Sections 607.0502 a agent, or both, in the State of Florida and accept the duligations of, Section	ind 607.1508, Florida Statutes . Such change was authorized n 607.0505, Florida Statutes.	s, the above-named corpor d by the corporation's boa	to built this statement for the pure or directors. I hereby accept the appropriate the statement for the pure or directors.	urpose of changing Its I pointment as registered	l agent. I am
SNATHEF :	agent, or both, in the state of Florida and accept the duligations of, Section			<u></u>		I agent. I am
GNATURE	neture, typed or printed name of registered agent an	nd title if applicable (NOTI	E: Ragistered Agent signature require	ad yangananatating)	DATE	
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