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PROFIT CORPORATION ANNUAL REPORT



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

1996

THE (SECOND AVE.	Mailing Address	Mailing Address 3811 N.E. SECOND AVE.					
				 Date Incorporated or Qualifity 06/30/1993 		of Last f 5/01/19		
 Principal P 222 	lace of Business SW 15TH ROAD	2a. Mailing Address		4. FEI Number			Applied For	
Suite, Apt.		26 222 SW 157 Suite, Apt. #, etc.	IH ROAD	65-0419590		[_]	Not Applicable	
2		27		5. Certificate of Status Desired	X X		5 Additional Required	
City & State	Î, FL 33129	City & State 28 MIAMI, FL	77120	6. Election Campaign Financin			00 May Be	
Zip	Country		Country	Trust Fund Contribution	<u>U</u>	Adde	ed to Fees	
^{Zp} 33129		^{Z₁p} 33129	30 USA	8. This corporation has liability Florida Statutes	for intangible tax Yes XXNo	k under s	199.032,	
	9. Name and Address of Cui	rrent Registered Agent		10. Name and Address of Ne		gent		
MIAMI F	E 2ND AVE L 33137	602 and 607 1500 Fig. 1	83 84 City	Address 2 SW 15TH ROAD MIAMI	F :	85 24	33129	
or renieter	ed agent or both in the Ptate of F	302 and 607, 1508, Florida Statuti	es, the above-named c	orporation submits this statement for the	nurnose of chan	naina ite i	registered office	
BIGNATURE			es, the above-named c red by the corporation's s.	orporation submits this statement for the board of directors. I hereby accept the a	purpose of chan appointment as re	nging its i egistered	registered office d agent. I am	
SIGNATURE	Signature, typed or printed name of registered a	gent and tide if applicable. [NO	OTE: Registered Agent signature	equired when reinstating	DATE			
BIGNATURE _	Styrature, typed or printed name of registered a OFFICERS /		OTE: Registered Agent signature	equired when reinstating: ADDITIONS/CHANGES TO (DATE DEFICERS AND D	PIRECTO	DRS IN 12	
BIGNATURE _ 2. TLE AME	Signature, typed or printed name of registered at OFFICERS / DST ADRIANI, C.A.L.	gent at ditribilit ajgetcable. (NC AND DIRECTORS	OTE: Registered Agent signature	equired when reinstating. ADDITIONS/CHANGES TO C	DATE DEFICERS AND D			
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tour of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name with all address. oath; that I am an officer appears in Block 12 or B 4.15.96 305.858-8242 SIGNATURE!