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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra 5. Mortham

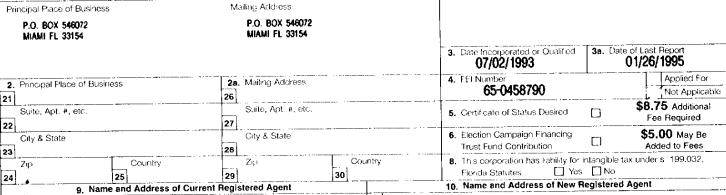
Secretary of State

DIVISION OF CORPORATIONS

DOCL	IM	FNT	#

P93000047901 (2)

1. Corporation Name TROMBONE, INC.



ZEMEL AND KAUFMAN, P.A. 3550 BISCAYNE BLVD SUITE 603 **MIAMI FL 33137**

	Tierida General
	10. Name and Address of New Registered Agent
81	Nane
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

12.	greature, typed or printing name of registered agend are to OFFICERS AND DI		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
DILE	D	DELETE	1 1 T TLE	Change Addition
NAME	Levkoff, Ruth		1.2 NAME	
STREET ADDRESS	P.O. BOX 546072 N/A		1.3 STREET ADDRESS	
CITY - S1 - ZIP	MIAMI FL 33154		1.4 CITY - ST - ZIP	
T TLE		☐ DELETE	2 1 THLE	Change Addit on
NAME			2.2 NAME	
STREET ADORESS			2.3 STREET ADDRESS	
CITY - ST - ZIF			2.4 CFV - ST - ZIP	
THLE		DELETE	3 1 HUE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET AUDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIF			3.4 GITY+ ST. 7/P	
TITLE		☐ DELF1€	4 1 TITLE	Charige Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
DITY - ST - ZIP			4.4.City - ST - ZiD	m ou fin state
TITLE		DEFELE	5 1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
C TY - ST ZIP			5.4 CITY S1-7IP	50.
l'LE		☐ DELETE	6 170145	Change Addition
NAME.			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIF			6.4 CH Y - S1 - ZIP	

14. Ido hereby certify that the information supplied with this filing is voluntarily lumished and does not qualify for the exemption stated in Section 119.07(3/k), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under early; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Much Link PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jun 16, 1996 305 868 1455