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PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 10 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

P93000053661 (3) **DOCUMENT #**

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							07/28/1993	3			
2. Principal Place of Business 2a				2a. Mailing Address			4. FEI Number			Ar	oplied For
21			26				65-04299	25		No.	ot Applicable
Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.			5. Certificate of S	tatus Desired		+ - · · ·	Additional equired
City & State			City &	City & State			6. Election Camp	aign Financing		\$5.00	May Be
23			28			-	Trust Fund Cor	ntribution			to Fees
Zip		Country	Zφ		Countr	У	8. This corporation	•	•	- ' -	
24		25	29		30			erty Tax due Jun			No
		and Address of Curr	ent Registered A	igent	81	Name .	10. Name and Ad	aress of New H	egisterea	Agent	
-471	ARRERO, R 27 SW 74 : Amifl 331	AVENUE-			82	Street A	1arrero P ddress (P.O. Box Mumbe 5 S.W. 27	Amira ris Not Accepta ** Avenu	JR. ble)		
					84	M	iAmi		FL	85 Zip	Code 135
11. Pursuant office or	to-the provis	ions of Sections 607.0 pent, or both, in the Sta	502 and 607.1508 ite of Florida. Suc	3, Florida Statu h change was	utes, the above authorized b	re-named or	corporation submits this so pration's board of director	tatement for the	purpose of	changing it ointment as	ts registered registered
agent. I 🏚	ım t an filliar w	ith, and a copy the obi	ligations of, Section	n 607.Ŏ5 05 , F	Iorida Statute	S.		•			1
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SIGNATURE	Signature, types	or printed name of registered	agent and title if applicat	AYME I	MARRE OTE Begistered Ag	Ro lent signature re	VICE PPSIDE	NT	4 -	1-98	
SIGNATURE	Signature, types	or printed name of registered. OFFICERS A	agent and title if applicat	AYME IN	MARAE DTF: Registered Ag	20 ent signature re	VICE PPEIDE equired when rainstating)	NT	DATE	1- 98	
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14. Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 legal effect as if made under oath; that I am an officer or director of the comporation 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 altachment with an address.

6.4 CITY-ST-ZIP