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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

FILED Mar 28 1997 8:00am Secretary of State

	ON GHYSLAINE CHAMPIGI ce of Business gton St	NY, INC. Mailing Addre	J62901 (2) INC. Mailing Address 1747 WASHINGTON ST HOLLYWOOD FL 33020-8122						
						3. Date Incorporated or Qualified 09/03/1993		ate of Las 112/1996	
	Place of Business	28. Mailing Ad	ldress		······································	4. FEI Number 65-0439077			Applied For
Suite. Apt	# etc.	26 Suite, Apt.	#, etc.			Certificate of Status Desired			Not Applicable 5 Additional
22		27 City & Stat							Required
Orty & Sta 23	116.	28]	е			6. Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Zip	Country	Zip		Country		8. This corporation has liability for		e tax unde	
24	25 9. Name and Address of Cur	rent Registered Agen	30	l		Florida Statutes 10. Name and Address of New F	Yes		
BLA	NN, REAL	Total Transition		81 N	ame	IA' tanna atta canana a tran I	108.010.00	Agont	
174	17 WASHINGTON ST			82 S	reet Addre	ess (P.O. Box Number is Not Accept	able)		··-
HO	LLYWOOD FL 33020			83					
				84 C	•		FL	_	ip Code
 Pursuant office or agent 1 	I to the provisions of Sections 607.0 registered agent, or both, in the St am familiar with, and accept the ob	0502 and 607,1508, Flo late of Florida, Such ch	orida Statutes, I	the above na	med corpo	oration submits this statement for the	purpose c	of changing	g its registered
			ange was auth 07.0505, Florida	orized by the a Statutes.	o corporation	on's board of directors. I hereby acc	ept the ap	pointinent	ad registered
SIGNATURE	filgent ire, typest or publied name of registered	d agent and title if applicable		gistered Agent si		d when reinstating)	DATE		
	Starreture, 5 cost or publical name of registeres OF FICERS	dagent and title if applicable.					DATE		ORS IN 12
S'GNATURE	Signature, Sciental publical nature of registered OF FICERS D CHAMPIGNY, GHYSLAINE	dagent and title if applicable.	(NOTE: Re	ogistered Agent sig		d when reinstating)	DATE	D DIRECT	ORS IN 12
S'GNATUFE 12. BILE HAME STHEET AUDRESS	OFFICERS D CHAMPIGNY, GHYSLAINE 1747 WASHINGTON ST	dagent and title if applicable.	(NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD	gnature require	d when reinstating)	DATE	D DIRECT	ORS IN 12
SIGNATURE 12. THE HAME STREET ATORESS CHY-ST-ZIP	D CHAMPIGNY, GHYSLAINE	dagent and title if applicable AND DIRECTORS	(NOTE RO	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-ZI	gnature require	d when reinstating)	DATE	D DIRECT	ORS IN 12 le Addilion
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S'GNATURE 12. BILE NAME STREET AUBRESS CHY-SI-ZIP TRUE	D CHAMPIGNY, GHYSLAINE 1747 WASHINGTON ST HOLLYWOOD FL 33020	dagent and title if applicable AND DIRECTORS	(NOTE RO	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-ZII 2.1 TITLE	gnature require	d when reinstating)	DATE	D DIRECT	ORS IN 12 le Addilion
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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 it made under or Lam an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

0126362