SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION **ANNUAL REPORT** 

1996



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

DOCUMENT #	P93000066133	(8)
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Principal Place of Business Mailing Address											
2250 NW 94 ST 2250 NW 94 S MIAMI FL 33147 MIAMI FL 3314											
								3. Date incorporated or Qualific 09/17/1993		ate of Last Re /18/1995	eport
2. Principal Pl	ace of Business		2a. 1	Mailing Addres	S			4. FEI Number			plied For
21		<del></del>	26					65-0462022		No	t Applicable
Suite, Apt 4	#, etc		<del></del>	Suite Apt #, et	ic.			5. Certificate of Status Desired		\$8.75	
City & State			27	City & State	<del></del>					Fee Re	<del></del>
23			28	ony or orante				6. Election Campaign Financing Trust Fund Contribution	g []	\$5.00 Added t	
Zip		Country	<del></del>			Country	/	8. This corporation has liability	for intensible		•
24	25		29		30	•		Florida Statutes	Yes [	No	155 002.
	9. Name and	Address of Cur	rent Registe	red Agent				10. Name and Address of New	Registered	Agent	···
HO	OPER, BRYAN	K				B1	Name				
	0 NW 94 ST	••				82	Street Ad	ddress (P.O. Box Number is Not Acces	table)		
	MI FL 33147										
						83					
						84	City			85 Zip (	 Code
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office or re	egistered agent, c	r both, in the St	ate of Florida	Such change:	was author	e anove ized by	named co the corpor	ation's board of directors. Thereby app	ept the appo	intment äs re	distered
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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 it made under oath, that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

8-5-96 835-8949