FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

APPRUYES AND FILED

96 MAY IN PH 6: 25 TABY OF STATE

1996						SECRETARY ORIGINA TALLAHASSEE, FLORIGIA				
DOCUN 1. Corporation N WAGOR	Name	P9300	0074	4443 (ʻ	1)		TALL ARASSES			
Principal Place o	of Business			ng Address			10618091 010 19406 19111 BB141	Maria a d ara	MAN AMIN AN	
9001 S.W. 178TH TERRACE 9001 S.W. 178TH TERRACE					RRACE					
MIAMI FL 331	57		Mi	AMI FL 33157			3. Date Incorporated or Qualific	rd [3a, Da	ate of Last	Report
							10/22/1993	l l	05/01/1	995
2. Principal Plac	ce of Business		2a. M	Mailing Address			4. FEI Number			Applied For Not Applicable
1			26	L			65-0448876		\$8.7	5 Additional
Suite, Apt #	r, etc.		27	Suite, Apt. #, etc.			5. Certificate of Status Desired			Required
City & State			+	City & State			6. Election Campaign Financin Trust Fund Contribution	니	Add	00 May Be led to Fees
23 Zip		Country		<u>5</u> p	Coc	ntry	8. This corporation has liability	for intangible Yes Mo	tax under	s 199.032,
24 4	2		29		30		Florida Statutes LJ 10. Name and Address of Ne		d Agent	
	9. Name s	nd Address of Curre	nt Registe	red Agent		61 Name	Ju. Haille dila Address of the			
						AD Charat A	ddress (P.O. Box Number is Not Acce	otableì		
HAMILTON, JOHN C 2900 MIDDLE STREET						82 Street A	darbas h. co. txxx rearries in the constant			
	EL 33131	E1				83				
DAIN-MAN I	2 00 10 1					84 City			L 85	Zip Code
OLONIATUOE		trie obligations of, Se					poration submits this statement for the poard of directors. I hereby accept the	DAT	t	
12.	Sky at its Typen o	OF LICERS A		IORS	13.		ADDITIONS/CHANGES TO	OFFICERS /	ND DIREC	TORS IN 12
TITLE	PS			☐ DELETE		THEE	-05/		01025	031
NAME		, Frank B				AME	***	∗225.00	****	⊭225.00
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CITY - ST - ZIP	MIAMI F	<u>L</u>		DECETE		TITLE			Char-	ge Addition
TITLE 1 NAME	VPT WAGOE	, Stella L			2.2	NAME				
STREET ADDRESS		N 178 TERR			23	STREET ADDRESS				
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CITY-ST-ZiP						CiTY-ST-ZiP			- C	nge Addition
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NAME						NAM't				
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CITY - ST - ZIP				T DOLLE		CHTY - ST - ZIP	Broti-		Cha	nge 🔲 Addition
TITLE	1			DELETE	l b	1 TITLE	1 1			
NAME					c ·	NAME	•			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 legal effect as if made under oath; 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

6.3 STREET AUDRESS

€ 4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

5-8-90 305-251-8749