FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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FILED May 08 1997 8:00am Secretary of State

•	r	Mailing Address 7420 SW 34 ST MIAMI FL 33155-3608				
				3. Date Incorporated or Qualified 11/18/1993	3a, Date of Last Report 04/16/1996	
2. Principal P	lace of Business	2a. Mailing Address 26		4. FEI Number 65-0458376	Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	0	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for		
24	25 9. Name and Address of Cur	29	30	Florida Statutes 10. Name and Address of New Re		
MIAI	55 SW 192ND AVE MI FL 33187		83 84 City	ress (P.O. Box Number is Not Acceptat	FL 85 Zip Code	
agent I a SIGNATURE 12. III.6	Signature: Speed or printed name of registered		TE Hogislered Agent signature requi	poration submits this statement for the p tion's board of directors. I hereby accept and when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	
NAME STREET ADDRESS	HURST, STEVEN 21355 SW 192 AVE MIAMI FL	- ·	1.2 NAME 1.3 STREET ADDRESS		_ ,	
CITY-ST-74P TITLE NAME STREET ADDRESS	S Hurst, ethel 21355 SW 192 Ave	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	THE STATE OF THE S	Change Addition	
CITY+S* ZIP TITLE NAME STREET ADDRESS	MIAMI FL	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		☐ Change ☐ Addition	
CHY-ST-7P THLE NAME STREET ADORESS		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Addition	
CITY-ST-ZIF TITLE NAME STREET ADDRESS		☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Change ☐ Addition	
CITY - ST- ZIP TITLE NAME STREET ADDRESS		☐ DELETE	5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS		Change Addition	
City St-7/2			6.4 CITY-ST-ZIP	d is Contract 110 07/01/0 Florido Contrac		

I do hereby certify that the information supplied with this filling 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 efficier 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:

LTCUMED