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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT DE STATE Sandra B. Mortham

1996

SIGNATURE: Sylven

Secretary of State
DIVISION OF CORPORATIONS

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Principa! Place	of Business			Mailing Address						
6500 WEST 4TH AVENUE NO 19-22 HIALEAH FL 33012 US			~	6500 W 4TH AVE. NO 19-22 HIALEAH FL 33012						
US				US			<ol> <li>Date Incorporated or Qualified</li> <li>12/21/1993</li> </ol>	3a. Date	of Last F 01/31/1	
2. Principal Pla	ace of Busin	ess	2a	. Mailing Address			4. FE! Number	<u> </u>	7,70,7	Applied For
Suite Apt.	etc		26	Cuito But II at			65-0471229			Not Applicable
2			27	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional
City & State				City & State			6. Election Campaign Financing			Required
23			28				Trust Fund Contribution			May Be
Ζίρ <b>24</b>		Country 25	727271	Zip	<u></u>	ountry	8. This corporation has liability for			
-7	9. Name	and Address of Curr	ent Reals	stered Agent	30	<del></del>		s 🔲 No		
				Action rigoni		81 Name	10. Name and Address of New	Registered /	lgent	
DAUM	, SAYON	ARA							·	
6500 WEST 4TH AVENUE NO. 26				82 Str		82 Street Add	ress (P.O. Box Number is Not Accepta	bie)		
						83			·	
HIALEA	H FL 330	12				84 City		<del></del>	Incl. 3	
						1 7 - 7		FL		ρ Code
14 Durament to	Alexander									
11. Pursuant to or registere	the provision the theory of th	ons of Sections 607.050 both, in the State of Fic	02 and 60 orida. Such	7.1508, Florida Sta richange was auth	atutes, the at orized by the	ove-named corpor	ration submits this statement for the pured of directors. Thereby accept the app	rpose of char	nging its i	egistered office
familiar with	the provision the provision of agent, or and accepting the provision of th	ons of Sections 607.05 both, in the State of Flo of the obligations of, Se	02 and 60 orida. Such oction 607.	17.1508, Florida Sta n change was auth 0505, Florida Statu	atutes, the at orized by the ites.	ove-named corpor corporation's boa	ration submits this statement for the purify and of directors. I hereby accept the app	rpose of char pointment as i	nging its i registered	registered office I agent. I am
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SALONARA DAUMI SALONARA DAUMI SIGNATURE AND TYPES OR PRESIDENT NAME OF BIGINING OFFICER OR DIRECTOR