

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB -3 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000001400500
-02/08/95--01073--008
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/22/1993** 3a. Date of Last Report **10/05/1994**

4. FEI Number **65-0532822** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under §. 190.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

BURTON, RICHARD
370 MINORCA AVENUE, #8
MIAMI FL 33134

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City FL	Zip Code 85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent, and title if applicable)

(NOTE: Registered Agent signature required when revising)

DATE

12. * OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILCOX, THADDEUS	1.2 NAME	
STREET ADDRESS	3275 NW 79TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, WILLIAM J	2.2 NAME	
STREET ADDRESS	3275 NW 79TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG-HENRY, KALENA	3.2 NAME	
STREET ADDRESS	3275 NW 79TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 110.07(9)(c), Florida Statutes. Further certify that the information reflected 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.

SIGNATURE: *Richard Burton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR INJECTION

1/12/95 305/875-1704

Before 11:00 AM