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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

	1996	DIVISION OF C		NS			
DOCUN 1. Corporation	Name	00008028 (0)					
IANU	W SUBSTANTIAL INC.						
Principal Place	of Business	Mailing Address					
7930 N.W. 36TH ST.		7930 N.W. 36TH ST.					
BAY 7 & 8 MIAMI FL 331	86	BAY 7 & 8 Miami Fl 33166					
Marshit I E 901	•	MITAINI FE BOTOO			3. Date Incorporated or Qualified 01/24/1994	3a. Date of La 05/01/	-1 -
2. Prinopal Place of Business		2a. Mailing Address		4. FEI Number 65-0454319		Applied For Not Applicable	
Suite, Aprt. #, etc.		Suite, Apt. #, etc.			\$8	.75 Additional	
22		27		5. Cert-ficate of Status Desired		ee Required	
City & State		Oity & State		6. Election Campaign Financing		5.00 May Be	
Zip Country				Trust Fund Contribution 8. This corporation has liability for its		dded to Fees er s. 199 032	
24	25	29 30		Fkirida Statutes Yes No			
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New R	egistered Agen	
110010	TV SAFENDS		81	Name			
MCGAREY, WENDY 7930 N.W. 36TH ST.			82	Street Addr	ress (P.O. Box Number is Not Acceptab	le)	
8AY 7 & 8			83		No. 1 NAME		
MIAMI FI		84	Orty	14. NAME: Y-174	—. 85	Zip Code	
11. Pursuant to the provisions of Sections 607.050/2 and 607.1508, Florida Statutes, the ab-						FL	
l or registere	ed agent, or both, in the State of Flu	orida. Such change was authorized	s, the above r d by the corp	named corpor oration's boar	ration submits this statement for the pur rd of directors. Thereby accept the appo	pose of changing pintment as regist	its registered office ered agent. Lam
signature	n, and accept the obligations of, Se	iction 607,0505, Fionoa Statutes					
	Signature, typica corporation discussor of registered scien			disgreat we need now	a where remaining is	SIA1t	
12.	OFFICERS A	OFFICEAS AND DIRECTORS 13.		Т	ADDITIONS/CHANGES TO OFF	The second secon	nge
NAME	MCGARY, WENDY						
STREET ADDRESS	40400 0141 400711 07		13 STREET ADDRESS				
City - ST - ZiP	MIAMI FL		1.4.01(Y-S1-Z)P				
TITLE		[] DELETE	2 1 TITLE			☐ Cha	nge 🔲 Addition
NAME	2		2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-Z:P	Barrier and the second		2.4 CHY 5 3.1 THE	I Zif		[] Cha	age
NAME			3.2 NAME				nge Had tion
STREET ADDRESS				LADORESS			
CITY - ST - ZIP			34 C/TY S				
TITLE			4 1 1 1LE			☐ Cha	nge 🔲 Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY - ST - ZIP			4.4 C TY S	T - 71F			
TITLE	_		5 TIME		☐ Change ☐ Addition		nge 🗌 Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 Ci*Y - S				
TITLE		DELETE	6 1 TITLE	1 11		Cha	nge 🔲 Addition
NAME		_	6.2 NAME			_	•
STREET ADDRESS			6.3 STREET	ADDRESS			

14. For nereby certify that the information supplied with this bing 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 amount report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath, that I am an officer or director of the consent on 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 charged, or on a attachment with an address

SIGNATURE: Wendy Many Wendy Mc Garey y

CR2E034 (12/95)