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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1. Corporation PEVI,		" 1 940	00009654	(-/					
Data de la Re									
Principal Plac	ce of Busines	S	Mailing Address			L ANDLINGS IND OPIN BIBLI DONO COLL	OBIN OTHER		
8623 NV 68TH ST. 8623 N MIAMI FL 33166 MIAMI						1			
3. Disability						3. Date incorporated or Qualified 01/28/1994	3a. Date	of Last	•
 Principal P 	1ace of Busin	ess	2a. Mailing Address	;		4. FEI Number	-	-,0 ,, .	Applied For
Suite, Apt.	#, etc.					65-0467934			Not Applicable
City & State			27 City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
3 7 _I p		Country	28	·		Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
4]		25	Ζφ 29	F	untry	8. This corporation has liability for in	tangible ta	x under s	199.032,
	9. Name		rent Registered Agent	30	T	Florida Statutes Yes			
			A		81 Name	10. Name and Address of New Re	gistered /	gent	
	S, JOHNN				1				
8140 SW 208TH TERRACE				82 Street Ad		lress (P.O. Box Number is Not Acceptable)		
miami i	FL 33189				83				
					B4 City			·	·
1 Discussions	40.46 1.1						FL	85 Zi	ip Code
		ons of Sections 607.05							
or register	red agent, or	both, in the State of Flo	02 and 607.1508, Florida St orida. Such change was aut/	atutes, the abo	ove-named corpor	ration submits this statement for the purport	ose of char	nging its	registered office
SIGNATURE				atutes, the abo norized by the utes.	ove-named corpor corporation's boar	ration submits this statement for the purpord of directors. I hereby accept the appoin	ose of char ntment as r	nging its egistered	registered office I agent. I am
IGNATURE _		or primed name of registered ag-	ent and title if applicable.	(NOTE Registered	Ove-named corporation's board	d when rainstating	DATE		
IGNATURE _	Signature, typed (or primed name of registered ag-	ent and title if applicable. ND DIRECTORS	(NOTE: Registered	d Agent signature require		DATE		
IGNATURE _	Signature, typed	or printed name of registered ag OFFICERS A	ent and title if applicable.	(NOTE: Registered 13.	d Agent signatura required	d when rainstating	DATE ERS AND		
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the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name achieves and address. appears in Block 12 or Block 13 if changed, or on

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C4.29.96 (305)477.7970