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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

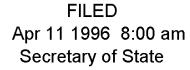
Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000011508 (6) 1. Corporation Name

ALIMAZE CORPORATION





		Mairing Address						Ш
THOUGHT INCO OF BUSINESS								
643 WASHINGTON AVE. MIAMI BEACH FL 33139		MIAMI BEACH FL 33139						
					3. Date Incorporated or Qualified 02/11/1994		of Last Report /13/1995	
2. Principal Plac	e of Business	2a. Mai'ing Address			4. FET Number		Applied Fo	
1		26			65-0532391		Not Applic	
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Fee Required	
City & State		City 8 State			6. Election Campaign Financing	[]	\$5.00 May B	
3		28			Trust Fund Contribution 8. This corporation has liability for		Added to Fees	
- Z ip П	Country 25	7φ 29	30 Coun	ıry		S No		'
4	9. Name and Address of Currer				10. Name and Address of New I	Registered A	gent	
				B1 Name				
MAZE, AI	LLA		82 Str		ress (P.O. Box Number is Not Acceptal	ble)		
	HINGTON AVE.		-	83				
MIAMI BE	EACH FL 33139						85 Zip Code	
				84 City		FL	85 Zip Code	
11. Pursuant to or registere familiar with	the provisions of Sections 607.0502 d agent, or both, in the State of Flori , and accept the obligations of, Sec	2 and 607.1508, Florida Sta iida. Such change was auth tion 607.0605, Florida Statu	atutes, the aboverized by the contest orized by the contest	ve named corpor orporation's boa	ration submits this statement for the purify of directors. Thereby accept the app	pointment as r	registered agent. I	am
S'GNATURE .	ignations, typed or printed name of registered agen	gare ten fappleatik	(NOTe Begistered	Адыл эдгіліне поэтіп	- Lybra Gara Angl	piae		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF		DIRECTORS IN 12 Change	
1016	PSD	DELETE	1 1 1	1		L.] Guange [] Add	(MOO)
NAME	MAZE, ALLA		1.2 NA	ME REET ADDRESS				
STREET ADDRESS	643 WASHINGTON AVE. MIAMI BEACH FL 33139			1Y-\$1 ZIP				
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NAME .	MAZE, RICARDO		2 2 N	Mi.				
STREET AUDRESS	643 WASHINGTON AVE.			REE! ADDRESS				
CITY - ST - ZIP	MIAMI BEACH FL 33139	DETEIE	2 4 CI 3 1 T	1 Y - S1 - Z1F		· · · · · · Ē] Chang∈	ddition
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NAME STREET ADORESS			33 S	TREET ADDRESS				
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NAME			42N	REET ADDRESS				
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NAME			52 N	!				
STREET ADDRESS				TREET AODRESS				
CITY - ST - ZIF		T DELETE	540	HIY-SI-7P		··	Change A	uld-tion
TIFLE		Ц Мин	621	1		-		
NAME STREET ADDRESS				PREET ADDRESS				
CITY ST-7IP			640	HTY - S1 - ZP		10.07030	adda Ctabutaa I tu	
I do bacok	a contify that the information supplies	d with this filed is voluntaria	furnished and	does not qualify	for the exemption stated in Section 1	19 07(3)(k), Ho	onda Statutes. Hur	riner

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 119 07(3)(i), Profice Statutes Training and Country of 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 each; that I am an officer or director of this 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:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

298-8446