CORPO ANNUAL	PROFIT CORPORATION ANNUAL REPORT DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				
	96 =NT # P94000015		ONATIONS		
Corporation Na				A COMMUNICATION AND ADMINISTRATION AND ADMINISTRATI	
NUAHCE	RPEL ERUSAERT,IN				
rincipal Place of		Mailing Address			
277 ROYAL POINCIANA WAY 277 ROYAL POINCIANA WAY #210				Date Incorporated or Qualified 3a. Date of Last Report	
PALM BEACH FL	33480	PALM BEACH FL 33480		02/24/1994	09/12/1995
	ad Diseases	2a. Mailing Address		4. FEI Number	Applied For
2. Principal Plac	e of Business	26		65-0473575	Not Applicable \$8.75 Additional
Suite. Apt #.	etc	Suite. Apt #, etc		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<u> </u>	Country	ZID ZID	Country	8. This corporation has liability for	intangible tax under s. 199.032,
Zio	25	29 30		Florida Statutes 10. Name and Address of New Re	Yes No
	9. Name and Address of Curren	Registered Agent	81 Name	IO. Manie and Address of Italy	
277 ROYAL POINCIANA WAY #210 PALM BEACH FL 33480			83		85 Zip Cooe
A			84 City		FL S E S E S S S S S S
			1 1		
11. Fursuant to office or re agent 1 an	o the provisions of Sections 607,050 gistered agent, or both, in the State in familiar with, and accept the oblig	2 and 607.1508, Florida Statutes of Florida. Such change was aut ations of, Section 607.0505, Florid	the above named corr horized by the corporal da Statutes	poration submits this statement for the tion's board of directors. I hereby acce	purpose of changing its registered
office or re agent I an	gistered agent, or both, in the charcon familiar with, and accept the oblig	ations of, Section 607.0505, Florid	the above named corporal da Statutes. Registred Agent's phature (Co.	The second of th	purpose of changing its registered pt the appointment as registered
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14. If do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I turniber certify that 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 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 617. Florida Statutes and that my name appears in Block 125 Block 13 if changed or on an attachment with an address.

63 STREET ADDRESS

SIGNATURE:

STREET ADDRESS