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

1. Corporation Name # P94000023869 (8	DOCUMENT # 1. Corporation Name	P94000023869	(8)
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1. Corporation	IMENT on Name PROPERT		0002	3869 (8	3)									1
Principal Plac	e of Business			ing Address						 				
	4TH STREET		71	30 SW 44TH STREI IAMI FL 33155	ET									•
									e Incorporate 3/29/1994	d or Qualified		ote of Last 04/28/19		
Principal Place of Business 2a.			⊢	Mailing Address					Number	_			Applied For	
Suite, Apt.	# etc		26	Trito Ant # -A-					<u>65-04852</u>	04			Not Applicab	le
22 City & Stat			27	Suite, Apt. #, etc.			· · · · · · · · · · · · · · · · · · ·	5. Cert	tificate of Sta	us Desired			5 Additional Required	
23			28	Dity & State	·				tion Campaig t Fund Contr				00 May Be ed to Fees	
Zip 24	- Na	Country 25	29 30					Flori	da Statutes		s □No		199.032,	
·-··-	y, Name	and Address of Cur	rent Hegisle	rea Agent		81	Name	10. Nan	ne and Add	ess of New I	Registere	d Agent		
BELA F								idress (P.O. B	ov Number is	Not Acceptal	blo)		· · · · · · · · · · · · · · · · · · ·	_
	W 69TH ST FL 33173	REET				83				- Not Acceptat	Jie)			
						84	City					85 Z	ip Code	_
11. Pursuant	to the provision	ons of Sections 607.06	02 and 607 t	E00 F(232 043 4							<u> </u>			
or register familiar wi	ed agent, or ith, and accep	ons of Sections 607.05 both, in the State of Fl of the obligations of, S	orida. Such cl ection 607.05	506, Florida Statuti nange was authoriz 05, Florida Statutes	es, the abo ed by the c	ve-na corpoi	med corp ration's bo	oration submit pard of director	ts this statem rs. i hereby a	ent for the pu ccept the app	rpose of c ointment a	hanging its as register-x	registered offic d agent. I am	ce
SIGNATURE	Contract to the													
12.	orgnature, typica (or printed name of registered as OFFICERS A	Perit and title if appl AND DIRECTO		TE Registered	Agent :	signature req	ired when reinstaling			DATE			ഹ
TITLE	D		are birteore	DELETE	1.1 To	TLF	т Т	ADDI	DONS/CHAN	IGES TO OFF	ICERS AN			£
NAME	FORRA	r, Bela		_	1,2 NA							Change	☐ Addition	= =
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NAME				L.J DECEN	4.1717							☐ Change	Addition	
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CHTY-ST-ZIP					4 3 STF		}							-
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CITY - SI - ZIF					6.4 CITY	/-ST-Z	DP							
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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)(k). Florida Statutes, I further 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 cath; 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 triat my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: