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

PROFIT



FLORIDA DEPARTMENT OF STATE

	Sandra B. Mortham JUAL REPORT Secretary of State DIVISION OF CORPORATION			S				
1. Corporatio	MENT # P940 BAL FORCE ENTERPRISES	0002541	3 (3))				
		,, 1110.					11 46 /61 36 /61 61/ 78 (1 60) 3 (16) 4(1	. 8 1
Principal Place	e of Business	Mailing Addre	ess _			-		
BLDG 17 SI MIAMI FL 3		169 E. ELA SUITE 152 MAMI FL		T				
US						3. Date Incorporated or Qualit 04/04/1994	od 3a. Date of Last Re 08/15/19	
— 1 ·	lace of Business	2a. Mailing Ad	dress		·	4. FEI Number		Applied For
Suite, Apt.	H. at.	26				65-0480296		Not Applicable
22	·	Suite, Apt	. #, etc.			5. Certificate of Status Desired		Additional Required
City & State	e	City & Sta	te			Election Campaign Financir Trust Fund Contribution	9 🗇 \$5.00	O May Be I to Fees
Zip	Country	Zip		Country		8. This corporation has liability		
24	9. Name and Address of Curr	29		30			Yes No	,
169 E. SUITE	, Richard E Flagler Street 1527 Fl 33131			ļļ	ame Link treet Addres Blog	SP POR Number is No Asce NE 310 LIAM 17 # 203	PL 85 Zip) Code
 or register 	to the provisions of Sections 607 eque ed agent, by both on the State of fic th, and the cept the obligations of se	phon cyn ioddd, r iond	d Olaioles,			on submits this statement for the of directors. I hereby accept the	purpose of changing its re appointment as registered	egistered office agent. I am
SIGNATURE _	Sturature, typed or printed name of registered age	W LIN and little if applicable		CARUNG Registered Agent sign	TON	her school and	4/14/96	
12.		ND DIRECTORS	, , , ,	13.	attare registrou w	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTOR	BS IN 12
TIFE	D	□ D	ELETE	1. 1 TITLE		ce resident	. Change	Addition
NAME	FRANCIS, SYDNEY A			12 NAME	4	NOA R. CARRING	TON	
STREET-ADDRESS				1.3 STREET ADDR	ESS 45	9 NE 210 Cide 18	MACE ,	
CITY-ST-7IP TITLE	MIAMI FL		EL ETC	1.4 C/TY - ST - Z/P	30	DG 17 Ste 205, 1		3177
NAME		0	ELETE	2.1 TITLE			Change	Addition
STREET ADDRESS				2.2 NAME				
CITY-ST-ZIP				2.3 STREET ADOP				
Thile		DI	LETE	2 4 CITY - ST - ZIP 3 1 TITLE			[] Change	
NAME				3 2 NAME			C) charge	- Anortion
STREET ADDRESS				33 STREET ADDR	RESS			
CITY - ST - ZIF				34 CITY-ST-ZIP				
TITLE		□ DI	LETE	4. 1 TITLE			Change	Addition
NAME				4.2 NAME		Marie Company of the		
STREET ADDRESS				4.3 STREET ADOR	ESS	8000017 -04/24/960	<u> </u>	
CITY-ST-ZIP				4.4 CITY - ST- ZIP		~U4/ <i>C</i> 4/36~~U —— <u>###</u> 200_00	1020007	
TIILE		[] DE	LETE	5 1 Title	[*** 200.00	Channe	Addition

6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this lifting is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Fibrida Statutes. I further certify that the information indicated on this annual report is expolemental 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 occiver 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 additional trustee of the corporation of the corporation of the occiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

5 1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TILE

THLE

NAME

STREET ADDRESS

STREET ADDRESS

CHY-ST-ZIP

SIGNATURE:

DELETE

DELETE

Change Addition

Addition