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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1	1996	Same?	DIVISI	ON OF CORPORA	TIONS				
DOCUMENT # P94000025722 (7) 1. Corporation Name 11301 CORP.						,		li B ijis laas	41 818 ALBI 346A
Principal Piace o	of Business		Mailing Address						(1919 1191 1891
320 NW 115T SUITE 304 MIAMI SHORE US			320 NW 115TH SUITE 304 MIAMI SHORES US			3. Date Incorporated or Qualifi 03/31/1994	L L	of Last Re /21/19 9	
2. Principal Plac	ce of Business		2a. Mailing Addre	:58		4. FEI Number		A	pplied For
21			26			59-0488172			ot Applicable Additional
Suite, Apt. #	, etc.		Suite, Apt. #,	etc.		5. Certificate of Status Desired			equired
City & State	.,		City & State			6. Election Campaign Financin Trust Fund Contribution	ng 🔲		May Be to Fees
2φ 24]	25	ountry ddress of Current	Zip 29	30 Cour	ntry	8. This corporation has liability Florida Statutes 10. Name and Address of Ne	Yes [] No		199.032,
	9. Name and A	duless of Current	negistered Agent		B1 Name			•======================================	
JORDON	I, JEROLD C				82 Street Add	dress (P.O. Box Number is Not Acce	ptable)		
320 NW	115TH ST			_	83				
- SUITE 0	04 HORE FL 33168				03				
	MURE EL CUIDA							85 Zip	Code
11. Pursuani to	o the provisions of		and 607.1508, Florida		84 City ve-samed corpu	ocration submits this statement for h	FL e purpose of char		egistered offic
11. Pursuant to registere and registered		Sections 607.0502 a the Care of Horida of Market of Association	in NM 0305, Florida in otre til autocable	a Statutes, the aborauthouses with a statutes with a statutes with a statute with		oration submits this statement far the print of director. Hereby account to the control of the c	e purpose of char appidialment aby	nging its re egistered	$\sum_{\mathbf{M}}$
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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

NG OFFICER OR DIRECTOR

03-20-96 305 754-3484