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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS										
DOCUN 1. Corporation		# P94000	0026717 (6))						
	DAY CORF	PATION								
WINAL	DAT GOTT	ONATION								
Principa! Place	of Business		Mailing Address				E INAITERI IIN SOIII NIOII KAIIP DA	191 001111 00110	#1848 B1101 188	AND THE REAL PROPERTY.
160 E. FLACLER ST. 180 E. FLACLER ST.										
SUITE 1527										
MIAMI FL 33	3131	<u></u>	MIAMI FL 33131				Incorporated or Qualified		e of Last R	
						L .	4/07/1994	(06/13/19	195
2. Principal Place of Business			2a. Mailing Address			4. FEI!				Applied For
21 4410 N. STATE ROAD 7			26 4410 N. STATE ROAD 7				65-0480294			Not Applicable
Suite, Apt. #, etc. 22 SUITE 121			Suite, Apt. #, etc. 27 SUITE 121				ificate of Status Desired		Fee	Additional Required
City & State 23 LAUDEI		AKES, FLORIDA	City & State 28 LAUDERDALE L	AKES,	FLORID		tion Campaign Financing LFund Contribution			0 May Be d to Fees
Zip Country 24 33319 25 USA			Zip Country 29 33319 30 USA				8. This corporation has liability for intangiti√e tax under si 199.032, Florida Statutes ☐ Yes XNo			
	9. Name a	nd Address of Current F	legistered Agent			10. Nan	ne and Address of New	Registered	Agent	
				81	Name					
THOMPSON, DISNEY D					Street Ad	idress (P.O. Ba	ox Number is Not Accepta	ble)		
169 E. FLAGLER ST.							,			
SUITE 1527										
MIAMI FL 33131					City			FL	85 Z	ρ Code
or registere familiar wit SIGNATURE	ed agent, or b th, and accept	oth, in the State of Florida. the obligations of, Section	nd 607.1508, Florida Statutes Such change was authorized 607.0505, Florida Statutes.	by the corp	oration's bo	oard of directo	rs. Thereby accept the app	oointment as	anging its r registered	egistered office Lagent, Lam
12.	Signature, typed or	printed name of registered agent and OFFICERS AND I		: Ricgistered Agel	il Segmatare recqu	and when reliable COOM	g ITIONS/CHANGES TO OF	DATE HOERS AND	DIRECTO	DRS IN 12
TITLE	D	CITIOLIS AND L	T DELETE	1. 1 Tillé			iniona on inter o room		☐ Change	Addition
NAME	PAZ, CA	rlos d		1.2 NAME				•		
STREET ADDRESS - 169 E. FLAGLER ST., SUITE 1						STATE ROAD 7,				
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64 CITY-S1-ZIP

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)(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 true same legal effect as if made under oath; that I am an officer or director of the corpordion or the receiver or truetee 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, over an Aragnment with an address.

SIGNATURE:

PET OR PRINTED HANDE OF STORMING OFFICER OR DIRECTOR

305-381-9188

CR2E034 (12/95)