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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

	1996	DIVISI	ION OF CORPO	TENTIONS				
DOCU 1. Corporation	JMENT # P94	000027323	3 (2)					
·	ENHEIM TRANSPORT SER							
						AND ARM CAME		HAMA MARAKANI MAK
Principal Plac	ce of Business	Mailing Address	_ <del></del>		1984/881   1884/881   1884/881	IIM IIM IIM.		188 <b>4 - 1888</b> - 1888 <b>- 188</b>
1133 LO	UISIANF: AVE.	1133 LOUISIA	ANA AVE					
SUITE 21	10 Park FL 32789	SUITE 210			1			
TIMIEN	PARK FL 32/89	WINTER PARI	K FL 32789		Date Incorporated or Qualified	Ta: 5.		
					04/11/1994	3a. Date	or Last R <b>X/24/1</b>	
_	Place of Business	2a. Mailing Addres	iss		4. FEI Number			Applied For
Cuita Au		26			59-3235969			Not Applicable
Suite, Apt.	ι. #, ΘΙC.	Suite, Apt. #, e	etc.		5. Certificate of Status Desired	<u> </u>		Additional
Crty & Stal	ale	City & State						Required
		28			6. Election Campaign Financing		\$5.00	May Be
Zip	Country	Zip	Co	untry	Trust Fund Contribution			to Fees
<u> </u>	25	29	30		8. This corporation has liability for Florida Statutes Yes	intangible tax     No	under s	199.032,
	9. Name and Address of Cui	rrent Registered Agent			10. Name and Address of New F		gent	
LIPLA	(FD NUO)			81 Name				
	ER, NICK			82 Street Ado	dress (P.O. Box Number is Not Acceptat	nie)		
SUITE	LOUISIANA AVE.					ле,		
				83				
*******	ER PARK FL 32789			84 City			85 Zin	Code
1. Pursuant	to the provisions of Sections 607.0	502 and 607.1508. Florida 5	Statutes the abo		Voltage automitation	FL		Code
Pursuant     or register	to the provisions of Sections 607.0	502 and 607.1508, Florida S lorida. Such change was au	Statutes, the abo		oration submits this statement for the pul ard of directors. I hereby accept the app			
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. I do nereby 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 appears in Block \*2 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/23/96

467-647-83'2/