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

PROFIT CORPORATION ANNUAL REPORT

1996

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name	P94000031018	(2)

JANELI Principal Place	LE CHURILLA DESIGN AS						_				
,			iling Address								
3900 NE 1871 SUITE 17	H AVE.		9900 NE 18TH AVE. Suite 17								
OAKLAND PA	IRK FL 33334		DAKLAND PARK FL 3:	3334							
							3.	Date Incorporated or Qualified	3a. Date		
2. Principal Pla	on of Business	7.5.	Molling Address				+-	04/22/1994 FEI Number		5/01/1	
21	ce of business	26.	Mailing Address				4.	65-0495575		_	Applied For
Suite, Apt. #	. etc.		Suite, Apt. #, etc.				+	00 0430010		607	Not Applicable
22		27	22.001.4.1.01.010.				5.	Certificate of Status Desired			75 Additional e Required
City & State			City & State				6.	Election Campaign Financing	·		00 May Be
23		28					"	Trust Fund Contribution			ded to Fees
Zip	Country		Zip	Coul	ntry	/	8.	This corporation has liability for i	ntangible ta	ıx under	s 199.032,
24	25	29		30				Florida Statutes			
	g. Name and Address of Curre	nt Regist	ered Agent		64	Y "	10.	Name and Address of New R	egistered.	Agent	
OLD ION I	A 3461P11P				81	Name					
	A, JANELLE				62	Street Addre	ss (P	.O. Box Number is Not Acceptab	le)		
SUITE 17	18TH AVE.			İ	B3						
	/ D Park Fl 33334				63						
OANDAN	D PARK PL 33334			Ī	84	City				85 2	Zip Code
11 Pursuant to	the provisions of Sections 607,050	2 and 607	1508 Elorida Statute	ar the obe		named sorrors	lien e	herita this statement for the second	<u> </u>		
or registere	id agent, or both, in the State of Flor n, and accept the obligations of, Sec	ida. Such	change was authorize	ed by the c	orpi	oration's board	of d	irectors. I hereby accept the appo	pose of the pintment as	registere	ed agent. I am
SIGNATURE _	Signature, typed or printed name of registered agen			gjej kjala i s							
12.	OFFICERS AN			13.	Agen	nt signature required		ADDITIONS/CHANGES TO OFFI	DATE.	DIDECT	CODE IN 10
TITLE	D		DELETE	1.17	li E		·	ADDITIONS/OHANGES TO OFFI		Change	
NAME	CHURILLA, JANELLE			1.2 NA					_		
STREET ADDRESS	3900 NE 18TH AVE., SUITE	17		1.3 SH	REET	ADDRESS					
CITY-ST-ZIP	OAKLAND PARK FL 33334			1.4 CIT	y - S	61 - 21P					
TITLE			DELETE	2 1 TI	IL E			· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME				2 2 NA	ME						
STREET ADDRESS				2.3 \$11	REET	ADDRESS					
CITY-ST-ZIP				2.4 CIT	Y-8	iT - ZIP					
TITLE			□ DELETE	3 1 DI	î L E					Change	Addition
NAME				3 2 NA	ME						
STREET ADDRESS				33 \$1	REET	T ADDRESS					
CITY-ST-ZIP		··-	D on ste	3 4 CIT	~ ****	i - ZIP					
TITLE			☐ DELETE	4 1 Ti] Change	Addition
NAME				4.2 NA							
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP TITLE			[] DELETE	4.4 CiT 5 1 Til		I - ZIP				Change	- I'' Addition
NAME			otten						L	_f Unalitye	Addition
STREET ADDRESS				5.2 NA		ADDRESS					
CITY-ST-ZIP						ADDRESS					
TITLE			DELETE	5.4 CIT 6. 1 TIT		1-11r				Change	Addition
NAME				6.2 NAI					L	ange	
STREET ADDRESS				1		ADDRESS					
CITY-SI-ZIP				6.4 CIT		-					
14. Ldg hereby	certify that the information supplied	with this f	ling is voluntarily furni	shed and c	hoos	s not qualify for	the	exemption stated in Section 119.0	07(3)(k), Flo	rida Stati	utes. I further
oath; that I appears in I	the information indicated on this ann am an officer or director of the corpo Block 12 or Block 18 II phanged, or	uai report pration or on apotta	or supplemental anni the receiver or trusted loggerativith an addre	uar report is empowere ess.	tru ed t	ie and accurate to execute this	and repor	that my signature shall have the d as required by Chapter 607, Flo	same legal orida Statute	affect as as; and th	if made under hat my name

LIA

4-30-96 (954) 537-7711