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PROFIT CORPORATION ANNUAL REPORT



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

1996

P94000032249 (2)

DOCUMENT # 1. Corporation Name	P94000032249	(2

Principal Place 8766 S.W. 7: MIAMI FL 33	2ND ST.	Mailing Address 8766 S.W. 72ND ST. MIAMI FL 33173					
					3. Date Incorporated or Qualified	3a. Date of L	ast Report
• D: : (B)					04/27/1994	05/0	1/1995
2. Principal Pla 1	ace of Business	2a. Mailing Address 26			4. FEI Number 65-0491727		Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				2	Not Applicable 8.75 Additional
2		27			Certificate of Status Desired		Fee Required
City & State	9	City & State			6. Election Campaign Financing		5.00 May Be
Zip	Country	28 Ζφ	Countr	~	Trust Fund Contribution		Added to Fees
4	25	29	30	,	8. This corporation has liability for i		der's 199.032,
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New R	egistered Ager	nt
			8	1 Name			
	NDEN, ISELA		8:	2 Street Add	dress (P.O. Box Number is Not Acceptab	le)	
	S.W. 66TH TERRACE		8:	2			
MIAMI F	£ 331/3		0	3			
			84	4 City		FL B5	Zip Code
SIGNATURE _	th, and accept the obligations of, Sec Signature, typed or printed name of registered age	nt and title if applicable. (NC	ITE: Registered Ag	ent signature requi	red when reinstating)	DATE	
12.	OFFICERS AF	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	OFDE AND DID	COTODO IN 10
TITLE	เคอเบ	[] DOLETE			ADDITIONS/OF ANGES TO OFF	DENS AND DIN	ECTORS IN 12
NAME		☐ DELETE	1. 1 TITLE		ADDITIONS OF ANALES TO GET	DRESS Ch	lange Addition
	SAUNDERS, EDWARD D	_	1.2 NAME	:	A A	DRESS 📵 Ch	iange Addition
STREET ADDRESS	SAUNDERS, EDWARD D 1999 PONCE DE-LEON-BLVE	_	1.2 NAME 1.3 STREE	:	A A	DRESS 📵 Ch	ange Addition
STREET ADDRESS City - \$1 - ZIP	SAUNDERS, EDWARD D	_	1.2 NAME	ET ADDRESS	8951 S.W. 107 * AV Miami, EL 3317 -	DRESS 📵 Ch	iange 🗌 Addition
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certify that the information indicated of this airidar report is frue 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: 6