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**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400036123 (5)

FILED
Apr 24 1997 8:00am
Secretary of State

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AMERIC						
		US		3. Date Incorporated or Qualified	3a. Date of Last /	Report
2. Principal P	Place of Business	2a, Mailing Address	·	<b>05/12/1994 4.</b> FET Number	03/19/1996	pplied for
21		[26]		65-0504997	<del> </del>	ot Applicable
Sulte, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	7	Additional
City & Stat		City & State		a Flatin Out to Finance	· . —	lequired
23	•	28		6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Country	8. This corporation has liability for		
4	25	29	30		Yes No	
10/4/	<ol><li>Name and Address of Current</li><li>INBERG, BERNARD</li></ol>	it megisterea Agent	81 Name	10. Name and Address of New Re	gistered Agent	
	11 NW 102ND STREET DLEY FL 33178		82 Street Add 83 84 City	dress (P.O. Box Number is Not Acceptat		Code
	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, F	authorized by the corpora- florida Statutes.	rporation submils this statement for the parties and all the state of directors. I hereby acceptions are supported to the parties of the parties the parties o	pt the appointment as	its registere s registered
SIGNATURE	Signature, typed or printed name of registered agr	ct and title it sypt cable (NC D DIRECTORS	DT: Programmed Agent signalure requ		DATE CERS AND DIRECTOR	RS IN 12
SIGNATURE  12.  TITLE	Signalure, typed or praited name of registered age OFFICERS AND	rt and title it applicable (NC	T1: Registated Agent signature required to the signature requirement of th	uired when reinstaling)	DATE	RS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agr	ct and title it sypt cable (NC D DIRECTORS	11 Pregnisional Agent signature requirement 13.  11 THEF  1.2 NAME	uired when reinstaling)	DATE CERS AND DIRECTOR	RS IN 12
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SIGNATURE  12. TITLE NAME STREET ADDRESS DITY-ST-ZIP	Signature, typed or printed name of registered agriculture.  DP  GARCIA, ERNEST  8851 NW 102ND STREET  MEDLEY FL  DVP	ct and title it sypt cable (NC D DIRECTORS	13. 11 THEF 1.2 NAME 13 SIRFH ADDRESS	uired when reinstaling)	DATE CERS AND DIRECTOR	RS IN 12
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I do nergy certify that the information supplied with this fining does not quality for the exemption state in Section 1.19.07(3)(f), include Statutes. Further certify that the information indicated on this appual report or suppliemental 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 indicorporation or the receive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 17, if changed, or on any attrictment with an address.

4-16-97

305-885-895