SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Sep 19 1997 8:00am Secretary of State

	MENT # P94000 NLES & SERVICE, INC.	036197 (9)			
Principal Place of Business Mailing Address				I (SDILED) HO (O(I) DIBIN ODIN BENIN 9010	I BOURD (INTO BUID) (IDAD IBIUS 1891 (A DI
12310 SW 117 COURT 12310 SW 117 COURT					
MIAMI FL 3318	9 6	MIAMI FL 33186		DO NOT WRITE	IN THIS SPACE
				3, Date Incorporated or Qualified	3a. Date of Last Report
				04/12/1994	05/01/1996
2. Principal Pl	lace of Business	26. Mailing Address 26. /2/23 \(\)	w 1/4 PI	4, FEI Number	Applied For Not Applicable
Suite, Apt.	- — · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.	W 119 F1	65-0494981	CO 75
22		27		5. Certificate of Status Desired	Fee Required
City & State	mi H	City & State 28 M AM; F	<u> </u>	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Zip 3 3/	76 25 Country US	29 Zin 3 3/7/ 3	Country 0 多 レS	8. This corporation owes or has pai Personal Property Tax due June	30. Yes 🗆 No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Reg	istered Agent
SMITH, RUDERT W JR					
			82 Street Address (P.O. Box Number is Not Acceptable)		e)
*****			83		
			84 City		85 Zip Code
		1007 1500 51 11 01 14	1 1 -		FL
office or re agent. ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	and 607.1508, Florida Statutes f Florida. Such change was au ons of, Section 607.0505, Flori	, the above-named cor thorized by the corpora da Statutes.	poration submits this statement for the pu ation's board of directors. I hereby accep	Irpose of changing its registered the appointment as registered
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Agent signature requ	uired when reinstatino)	DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	SMITH, ROBERT W JR 12310 SW 117 COURT		1.2 NAME	12123 SW 114 Pl	
STREET ADDRESS CITY-ST-ZIP	MIAM! FL 33186		1.3 STREET ADDRESS 1.4 City-St-Zip	MIAMI F1 33/76	ı
TITLE	D	☐ DELETE	2.1 TITLE	1/4/11 (1 33/16	Change Addition
NAME	SMITH, ROBERT W		22 NAME		
STREET ADDRESS	4921 SW 97 AVE		2.3 STREET ADDRESS	,	
CITY-ST-ZIP	MIAMI FL 33165		2.4 CiTY - ST - ZiP		
TITLE		DELETE	3.1 TITLE		Change
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		רים מרדרונ	5.1 MILE 5.2 NAME		Charge E Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP	·	
TIFLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
City-St-ZiP	ov certify that the information supplied	with this filing does not qualify	64 CITY-ST-ZIP	d in Section 119.07(3)(i), Florida Statutes	I further certify that the
information I am an of	n indicated on this annual report or sup ficer or director of the corporation or the Block 12 or Block 13 If changed, or o	oplemental annual report is true le receiver or trustee empower in an affachment with an addre	e and accurate and that ed to execute this reposes.	at my signature shall have the same legal ort as required by Chapter 607, Florida St	effect as If made under oath; that atutes; and that my name