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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

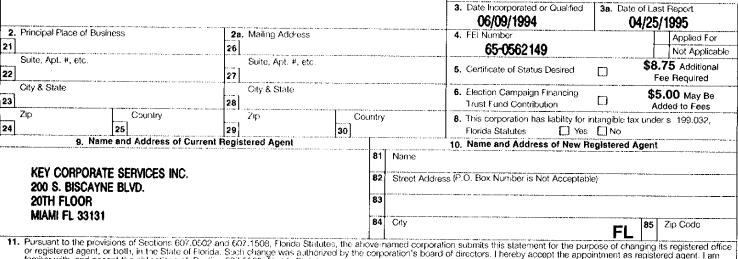
P94000043707 (6) DOCUMENT # 1. Corporation Name

8901 S.W. 150TH PLACE CIRCLE MIAMI FL 33196

Principal Place of Business

Mailing Address

8901 S.W. 150TH PLACE CIRCLE MIAMI FL 33196



familiar with	, and accept the obligations of, Section 607.0	505, Florida Statutes	eu by trie corporation's boar 3.	d of directors. Thereby accept the appointment as registere	d agent. I am
SIGNATURE	ignature, typed or printre name of registered agent and the Fau	nicable thi	OTE: Registered Agent signature required		
12.	OFFICERS AND DIFFE CT		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS	DRS IN 12
TITLE	P	☐ DELE1E	1. 1 TITLE	Change	Addition
NAME	FRITZ O.P. CHRISTIANAT		1.2 NAME	shangs	
STREET ADDRESS	8901 SW 150 PL. CIR.		1.3 STHEET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE		D DELETE	2 1 TITLE	Change	☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY - S1 - ZIP		
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NAME			3.2 NAM!	- -	
STREET ADDRESS			3.3 STREET ADDRESS		
C(TY-S1-Z/P			3 4 CITY - ST - ZIF		
TITLE		DELETE	4. 1 TITLE	Change	Addition
NAME			4.2 NAME	-	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5 1 TiTLE	Cnange	Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 C/TY-ST-Z/P		
ITLE		DELF 1E	6 1 TITLE	Change	Addition
NAME			€ 2 NAME	-	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-SY-ZIP			CAPITY OF 71D		

14. I do hereby 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 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, of on an attachment with an address.

SIGNATURE:

FRITZ CHRISTINAT 5/2/96