FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

FILED Apr 18 1997 8:00am Secretary of State

Principal Place of Business A30 KANUGA DR SUITE 160-267 WEST PALM BEACH FL 33401 US P3400047050 Mailing Address 430 KANUGA DR SUITE 160-267 WEST PALM BEACH FL 33401 US				<u></u>		3. Date Incorporated or Qualified 3a. Date of Lest Report		
0.5		00			06/22/1994	04/19/199		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Applied For	
21	B - 4	26			65-0499213		Not Applicable	
Suite, Apt	#, CIC	Suite, Apt. #, etc.			5. Certificate of Status Desi	rad II TTT	5 Additional Regulred	
City & State	6	City & State		****	6. Election Campaign Finan	cing \$5.	00 May Be	
23		28			Trust Fund Contribution	Add Add	ed to Fees	
Z(p]	Country] Zip	Cou	ntry	8. This corporation has liab	ility for intangible tax und Yes 🔲 No	er s. 199.032,	
24	25 9. Name and Address of Cu	[29] rrent Registered Agent	30		Florida Statutes 10. Name and Address of N			
MEL	LO, JOEY			81 Name			······································	
430 KANUGA DR.			İ	82 Street	Address (P.O. Box Number is Not Ad			
WES	ST PALM BCH FL 33401		1					
			[63	430 KANUGA DEIU	r		
	_				VEST PALM BEACH	FL 65	Zip Code	
11. Pursuant	to the provisions of Sections 607.	0502 and 607,1508, Florida Stat	utes, the at	OUG SOMOG	Lograniation submits this statement f	or the purpose of changin	a ite registered	
**	registered agent, or both, in the Sami family ir with, and accept the o	bligations of, Section 607.0505, l	s authorized Florida Stat	d by the cor utes.	poration's board of directors. I hereb	y accept the appointmen 4-14-97	r as registered 7	
SIGNATURE				Agent signatur	e required when reinstating)	DATE	···	
†2.	OFFICERS	AND DIRECTORS	13.	n.t	ADDITIONS/CHANGES TO	OFFICERS AND DIRECT		
NAME /	MELO, JOEY	□ Meeti	1.2 NA		DE MELO , JOSEPH	es oran	de Civaquiou	
STREET MOURESS	430 KANUGA DR		1	REET ADDRESS	J			
CITY-SI-7IP	W PALM BEACH FL		1.4 01	TY-\$T-ZIP				
THE		☐ DELETE	2.1 10	LE		Char	ge 🔲 Addition	
NAME			2.2 NA		į			
STREET ADDRESS				REET ADDRESS				
CHY ST ZIP]	<u> </u>		2.4 CI	ITY-ST-ZIP	I control of the cont			
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		☐ DELETE	3.2 NA			☐ Chan	ge Addition	
TILE		☐ DELETE	3.2 NA 3.3 ST	ME		Chan	ge Addition	
TITLE NAME STREET ADDRESS		☐ DELETE	3.2 NA 3.3 ST	ime Reet address ITY-ST-ZIP		☐ Chan		
NAME STREET ADDRESS GITY-ST-ZIP			3.2 NA 3.3 ST 3.4. CI	ime Reet address Ity-St-Zip ILE				
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14. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(f). 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 eath; 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:

MONATURE AND TYPEO OF PRINTED NAME OF BIGNING OFFICER OF DIRECTOR

x 4-2-97

x 561-659-2936

aylime Phone # 0296444