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

PROFIT CORPORATION ANNUAL REPORT



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

1996

P94000049717 (9) **DOCUMENT #**

INTEN	Business Mailing Activoss 10280 W. SAMPLE ROAD 10280 W. STATE Fund Contribution 10280 W. Registered Agent 10280 W. STATE Fund Contribution 10280 W. Registered Agent 1								
Principal Place of Business Mailing Address							614 6860 6800	84848 48111 4 8 1	FOR 18010 1007 FOE1
CORAL SPRINGS FL 33065			CORAL SPRINGS FL 33065						
						07/05/1994			
2. Principal Plac	ce of Business	Mailing Address				Applied For Not Applicable			
Suite, Apt. #, etc.		F1	Suite, Apt. #. etc.			5. Gertificate of Status Desired			
City & State			Orty & State					\$5.00	May Be
Zip 24	 		Zιρ	P~ · ¬	try	8. This corporation has liability for			
	9. Name and Address of Curren	t Regist	ered Agent	1		10. Name and Address of New	Registered	Agent	
				[+	Name				
				3. Date incorporated or Qualified					
or registered agent, or both, in the State of Florida. Such change was authorized t			<u></u>		n sa kirandak i pakerung dan da partegon. Pantus 18 dan kakiran dan bermulan da tumban da bermulan da bermulan				
CORAL	SPRINGS FL 33065				33				
•				ļ.	34 City			85 Zip	Code
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12.		DIREC				ADDITIONS/CHANGES TO OF			
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STREET ADDRESS									
CITY-ST-ZIP									
TITLE			DELETE					Change	☐ Addition
NAME	HERNANDEZ, TANAIRA			2.2 NA	AE				
STREET ADDRESS				235TH	EET ADDRESS				
CITY - ST - ZIP	CORAL SPRINGS FL 33076			2.4 CH	r-ST-ZIP				
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NAME				3.2 NA	ME				
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CITY-ST-ZIP			F) prints					<u> </u>	
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NAME			—				•	^	ھ
STREET ADDRESS				6.3 STF	EET ADDRESS			প্ৰ	9

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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR

(Lot lands Cyxx 3/36/96 (954)340-652)