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PROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE:

P94000049806 (0)

RE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

| frincipal Place of Business Mailing Address 5189 NW 15 STREET 5189 NW 15 STREET MARGATE FL 33063 MARGATE FL 33063 | | | | | | | | |
|--|--|---|---|--|---|---|--|---|
| | | · | | | 3. Date incorporated or Quality 07/01/1994 | fied 3a. Da | of Last F 05/01/ | |
| Finnoipa! Fila | ce of Business | 2a. Mailing Addres | S | | 4. FEI Number | | | Applied For |
| Suite, Apt. # | . etc. | 26 Suite, Apt. #, 6 | atr. | | 65-0511528 | | | Not Applicab |
| | | 27 | | | 5. Certificate of Status Desired | q 🔲 | • | 5 Additional Required |
| Oify & State | 7.00 | City & State | | | 6. Election Campaign Financin | na | | 00 Мау Ве |
| | | 28 | | | Trust Fund Contribution | . D | Adde | od to Fees |
| Zip | Country | Zφ | | Country | 8. This corporation has liability | | | |
| | 25 9. Name and Address of Current | 29 Peoletered Agent | 30 | | <i></i> | Yes No | | |
| | g, manual and Address of Odiffern | Tregistered Agent | | 81 Name | 10. Name and Address of No | ew Hegistered | Agent | |
| LAW O | FFICES OF CHARLES RESTREP | PO PA | PA | | | | | |
| | 12 STREET | UTA | | 82 Street Add | eet Address (P.O. Box Number is Not Acceptable) | | | |
| FT LAU | IDERDALE FL 33316 | | | 83 | | ******* | | |
| | | | | 24 0 | | *************************************** | | |
| | | | | 84 City | | FI | 85 Z | ip Code |
| IATITIESE | o the provisions of Sections 607.0502 d agent, or both, in the State of Florid n, and accept the obligations of, Section | | | | | purpose of chappointment a | hanging its is registered | registered offi d agent. I am |
| A'T LIEDE | sgredure, typed or painted name of registered agent a OFFICERS AND | ero trie if a palcable D DIRECTORS | (NOTE Register | rred Agant signature requir | | purpose of cl appointment a | nanging its is registered D DIRECTO | DRS IN 12 |
| IATHER | operators, by end or printed mome of registeried against a OFFICERS AND PD | and trie if applicable | [NOTE Register 13 | ered Agent signature requir 3. | rad wher reinstating) | purpose of cl appointment a | nanging its is registered | |
| IATURE _s | sgredure, typed or painted name of registered agent a OFFICERS AND | ero trie if a palcable D DIRECTORS | (NOTE Register 13 1.1 | ered Agant signature requir 3. 1 TITLE 2 NAME | rad wher reinstating) | purpose of cl appointment a | nanging its is registered D DIRECTO | DRS IN 12 |
| ADDRESS | OFFICERS AND PD LORENTE, RAMON | ero trie if a palcable D DIRECTORS | (NOTE Register 13 1.1 1.2 1.3 | ared Agant signature requir 3. 1 TITLE 2 NAME 3 STREET ADDRESS | rad wher reinstating) | purpose of cl appointment a | nanging its is registered D DIRECTO | DRS IN 12 |
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