	PROFIT		<u> </u>		TLED
COF	RPORATION	+ - 	DEPARTMENT OF STATE dra B. Mortham	May 14	1998 8:00a
ANNUAL REPORT			ecretary of State	Secretary of State	
	MENT # P9400	00053951	(7)		
Yrincipal Place of Business Mailing Address 5263 N DIXIE HWY 5263 N DIXIE HWY POMPANO BCH FL 33064 POMPANO BCH FL US US				DO NOT WRITE IN THIS SPACE	
••				3. Date Incorporated or Qualified	
Principal P	lace of Business	2a. Mailing Address	3	07/18/1994 4. FEI Number	Applied For
Sulte, Apt.	#.etc.	26 Suite, Apt. #, eti		65-0507884	Not Applicabl
City & State		City & State	······	5. Certificate of Status Desired	Fee Required
	·····	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	25	21p	Country 30	S. This corporation owes or has p Personal Property Tax due Jun	e 30. 🔲 Yes 🗌 No
7	9. Name and Address of Curre TIENNE, JEAN-MARIE D	ent Registered Agent	B1 Name	10. Name and Address of New R	egistered Agent
7	541 BUCHANAN STREET		82 Street Ad	ddress (P.O. Box Number is Not Accepta	ble)
H	IOLLYWOOD FL 33024		83		<u> </u>
			84 City		85 Zip Code
Durauant	to the working of Continue 507.06	02 out 007 1500 Elocido		arrayation a thraite this statement for the	FL
office or r	egistered agent, or both, in the State	e of Florida. Such change	Sielules, the above-hamed c	or poration submits this statement for the	
	i m fam iliar with, and accept the oblig	gations of, Section 607.050	was authorized by the corpo 05, Florida Statutes.	orporation submits this statement for the ration's board of directors. I hereby acce	pt the appointment as registered
SNATURE	Signalure, typod or proted name of registerud as	gent and little if applicable	(NOTE Registored Agent signature re	quired when reinstating)	DATE
SNATURE	Signalure, typod or proted name of registerud as	greet and little if applicable	(NC)TE Registered Agent signature re 13.		DATE CERS AND DIRECTORS IN 12
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