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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1996	DIVISION OF	CORPORATI	ONS			
DOCU 1. Corporation	MENT # P940	000054747 (8	3)				
DEBO	RAH INVESTMENT, INC						
 Principal Place	of Business	Mailing Address			·	UJAH BUUK BUKA JUUN UU	1 6 6 11 10 6 10 6 1
3197 NW 79	OTH ST .	3197 NW 79TH ST					
MIAMI FL 33	3147	MIAMI FL 33147					
					3. Date Incorporated or Qualified 07/25/1994	3a. Date of Last F 05/01/19	•
. Principal Pl	Principal Place of Business 2a. Mailing Address				4, FEI Number	├ }	Applied For Not Applicable
26					65-0508458	\$8.7	Additional
27					5. Certificate of Status Desired	1 1	Required
City & Stat	e	City & State			6. Election Campaign Financing Trust Fund Contribution	1	May Be d to Fees
Zip B	Country	Zip	Countr	У	8. This corporation has liability for in Florida Statutes Yes	intangible tax under s	199.032,
<u> </u>	25 g. Name and Address of C	29 urrent Registered Agent	30		10, Name and Address of New R		
	<u> </u>		81	Name		- 	
SOCORRO, IVONNE				Street Add	ress (P.O. Box Number is Not Acceptab	ole)	
3197 NW 79TH ST						·	
MIAMI FL 33147				3			
			84	1 City		FL 85 Z	p Code
familiar w SIGNATURE	ith, and accept the obligations of,				ard of directors. I hereby accept the approximation of directors.	CIATE	
2.	OFFICERS AND DIRECTORS		13. 1.1 TITLE		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	
ITLE IAME	1 · -	- I		1		Change	L KDOIIION
AME TREET ADDRESS	SOCORRO, IVONNE 3197 NW 79TH ST		1.2 NAME	ET ADDRESS			
iTY-SF-7IP				ST-ZIP			
TLF	D	☐ DELETE	2.1 THILE			☐ Change	☐ Addition
AMÉ	WAHNICH, DANILA		2.2 NAME				
FREET ADDRESS	3197 NW 79TH ST			ET ADDRESS			
TY+ST-ZIP FLE	MIAMI FL 33147	[] DELETE	2 4 CITY -			Change	Addition
AME		<u> </u>	3.2 NAME	}			_
REE1 ADDRESS				ET ADDRESS			
ITY - ST - ZIP			3 4 CITY	SI-ZIP		·	
TLE		☐ DELETE	4 1 TITLE			Change	☐ Addition
AME			4 2 NAME				
TREET ADDRESS			4 3 STRE	ET ADDRESS			
ITY-ST-2IF ITLE		DELETE	5 1 TITLE			☐ Change	☐ Addition
IAME			5.2 NAME	:			
TREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-	-ST-ZIP			
ITLE		☐ DELETE	6. 1 TITLE	. 1		☐ Change	Add:tion
			0. 1 11100				
NAME			6.2 NAME				

CITY-ST-ZIP

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 officier or director of the corporation or the society or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 11 if changed, or on an attachment with an address.

SIGNATURE:

OFFICER OR DIRECTOR

4-21-96 Dayt ne Pia ne •