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

P94000054833 ST:FL ACTIVE/FL PROFIT

DOCUMENT # P94000054833

ADT AND EPAMING EYPRESS INC

ART A	ND FRAMING EXPRESS,	, INC.					
13770-	of Business ND FRAMING EXPRESS, -D S.W. 56th Stree , FL 33175	INC.	g Address				3. Date Incorporated or Qualified 3a. Date of Last Report 07/25/1994 04/27/95
2. Principal Plac	se of Business	2a. Mailing Address					4. FEI Number Applied For
SAME AS ABOVE		26	SAME AS	ABOVE			65-0509602 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
2		27					Fee Required
City & State		<u> </u>	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23		28		7 6			Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032,
Zip Country		29	Zip Cour			Florida Statutes Yes No	
33175	25 25 9. Name and Address of Curre		ed Agent	30			10. Name and Address of New Registered Agent
					81	Name	ADE CHANGE NO CHANGE
FABRE, CL'AUDE A.					82	Street Add	IRRE CHAUDE A NO ZHANGG Iress (P.O. Box Number is Not Acceptable)
	N.W. 79 AVENUE #304	,			04	511	2 N.M. 79 AYENUE 1304
MIAMI	, FL 33166				83		
					84	City	85 Zip Code
•					l .	City MIA	
SIGNATURE	n, and accept the obligations of, Sec	nt and title if appl	(N) oldsoil		Agan	it signature requir	red when reinstating! ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
124	OFFICERS AND DIRECTORS DELETE		1, 1 1	-51 F		Change Addition	
TITLE	FABRE, CL'AUDE A.			1.2 N		Į	
NAME STREET ADDRESS	13770-D S.W. 56	STREE1	ī	_		ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33175	•••••	•	k*		iT-ZIP	
TITLE	VP		DELETE	2 1 1			Change Addition
NAME	FABRE, JENNIFER N	1.		2.2 ₺	AME		
STREET ADDRESS	11409 N.W. 7TH ST	REET #	205	235	TREET	ADDRESS	
C-TY-ST-ZIP	MIAMI, FL 33172			240	ITY-S	51 - 21P	
TITLE			☐ DELETE	3 11	TELE	.	☐ Change ☐ Addition
NAME				3.2 6	AME		•
STREET ADDRESS						T ADDRESS	
CITY-ST-ZIP			E DELETE			ST-ZIP	Change Addition
TITLE			☐ DELETE		ITLE		Out it
NAME					AME	ADORECE	
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP			DELETE		TITLE	ST-ZIP	-05/03/9601018036 Addition
TITLE				5.2 NAME		-U5/U3/96U1U18U36 ****200,00	
NAME STREET ADDRESS				1		T ADDRESS	<u>ಸಸಸ∠∪∪., ∪∪</u>
CITY-ST-ZIP						ST-ZIP	
TITLE			DELETE		TITLE		☐ Change ☐ Addition
NAME			- -	6.21	IAME		
STREET ADDRESS				633	IREE	1 ADDRESS	
CITY OF 7:D				640	aty-	ST-ZIP	
14. I do hereb	y certify that the information supplied	with this fil	ing is voluntarily fu	rnished and	doe	es not qualify	y for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further under and that my signature shall have the same legal effect as if made under

4. 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 cath; 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 bn an attachment with an address.

SIGNATURE:

(MM) M. CLAUSE A. FASK

4/26/96 (305)385-1698