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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

1. Corporation		000057449	(8)		
Principal Place of Business Mailing Address					
801 S.W. 3RD AVENUE SUITE 300 MIAMI FL 33130 US		901 S.W. 3RD AVENUE Suite 300 Miami FL 33130 US		3. Date incorporated or Qualified 3a. Date of Last Report	
	lace of Business	2a. Mailing Address		08/03/1994 4. FEt Number	07/03/1995 Applied For
Suite, Apt. #, etc.		26		65-0508788	Not Applicable
22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		6 Floation Compaign Financia	Fee Hequired
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country	Zip	Country	8. This corporation has liability for	
24	25 9. Name and Address of Curre	29 29 Agent	30	Florida Statutes 🔀 Yes	s □ No
	o. Hamb and Addition of Object	an negistered Agent	81 Name	10. Name and Address of New I	Registered Agent
LIN, FRANCIS					
7281 8	S.W. 56TH ST.		82 Street Ac	ldress (P.O. Box Number is Not Acceptate	ole)
MIAM	FL 33155		83		
			84 City		■■ 85 Zip Code
11. Pursuant t	o the provisions of Sections 607.050	12 and 607 1509 Florida Oct.			<u> </u>
or register	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	rida. Such change was authoria	tes, the above-hamed corp zed by the corporation's bo	oration submits this statement for the pur pard of directors. I hereby accept the app	rpose of changing its registered office ointment as registered agent. Lam
SIGNATURE	in, and accept the bullgations of, 560	ction 607.0505, Florida Statute	S.	, , ,	a substitution of a good and a good a good and a good a good and a good a good a good a good and a
	Signature, typed or printed name of registered ager		OTE: Registered Agent signature requ	fired when reinstaling)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
NAME	PD LIN, FRANCIS	DELETE	1. 1 TITLE		Change Addition
STREET ADDRESS	7281 S.W. 56TH ST.		1.2 NAME		
CITY-ST-ZIP	MIAMI FL 33155		1.3 STREET ADDRESS		
TITLE	SD	DELETE	2.1 TITLE		Change Addition
NAME	LIN, MAGGY		2.2 NAME		Change Addition
STREET ADDRESS	7281 S.W. 56TH ST.		2.3 STREET ADDRESS		
CITY-ST-ZIF	MIAMI FL 33155		24 CITY - ST - ZIP		
TITLE		DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME STHEET ADDRESS			3 2 NAMÉ		
CHY-ST-7/P	ř		3.3 STREET ADDRESS		
TIFLE		☐ DELETE	34 CITY-ST-ZIP		
NAME		□ beceit	4 1 TITLE 4.2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5 1 TITLE		Change [] Add-tion
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		C) prieze	5 4 CITY - ST - ZIP		
NAME		☐ DELETE	6 1 TITLE		Change Addition
STREET ADDRESS			6 2 NAME		
CITY-ST-ZIP			63 STREET ADDRESS		
14. I do hereby	certify that the information supplied v	with this filing is voluntarily furni	6.4 City-St-ZiP shed and does not qualify	for the exemption stated in Section 119.0	17/3v/k) Florida Statistica 15 -45
oath; that t appears in t	The information indicated on this annual an officer or director of the corpo Block 12 or Block 13 if changed, or c	ual report or supplemental annuration or the receives or trustee on an attachment with an addre	ual report is true and accura e empowered to execute the ess.	for the exemption stated in Section 119.0 ate and that my signature shall have the s is report as required by Chapter 607, Flor	same legal effect as if made under rida Statutes; and that my name

SIGNATURE: SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-96
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