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

<u></u>	1000	to the second se					
DOCUI 1. Corporation	MENT # P940	00061806	(3)				
	REATIONS, INC.		•				
Principal Place of Business 11275 S.W. 152 STREET MIAMI FL 33157		Mailing Address				II ob ah boha di i	U 1100 1011 0011 0011 011 101
		11275 S.W. 152 STREET MIAMI FL 33157					
					3. Date Incorporated or Qualified 08/18/1994	_	of Last Report /01/1995
2. Principal Pla	ace of Business	2a. Mailing Addres	S		4. FEI Number 65-0535024	•	Applied For
Suite, Apt. 4	#, etc.	Suite, Apt #, e	tc.		5. Certificate of Status Desired		Not Applicable \$8.75 Additional
22		[27]					Fee Required
City & State		City 8 State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip Country		Zip			8. This corporation has liability for	intangi ile ta	cunder s 199 032,
24	25	29	30		Florida Statutes 🔲 Ye		
	9. Name and Address of Cu	rrent Registered Agent	81	I Name	10. Name and Address of New	Registered A	lgent
VOLING	CARL D		ŀ				
	.W. 56TH STREET		82	Street Add	ress (P.O. Box Number is Not Accepta	ble)	
SUITE 1			83				
MIAMI FI	L 33165		84	Orty			85 Zip Code
48 Daniel	•	1007 4500 51 11	İ	'		<u>FL</u>	1 1
or register	o trie provisions of Sections 607.0 ed agent, or both, in the State of F	louz and 607,1508, Florida Ilorida. Such change was au	statutes, the above ithorized by the con	named corpo poration s boa	ration submits this statement for the purify of directors. Thereby accept the appropriate the statement of the second statemen	urpose of cha pointment as	nging its registered office registered agent. I am
. tanımar wit	h, and accept the obligations of, \$	Section 607.0505, Florida St	atutes.				
⊋IGNATURE _	Signature its extremental remaining the con-	a yer tia siftis may picase.	(N. DE Rogisteres LAge	r Engladaré respons	a) wher redistating	()ATE	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OF	· · · · · · · · · · · · · · · · · · ·	
TITLE NAME	P VOLINO CATUEDINE V	DELET	1 1 T.TLE 12 NAME			L	Change () Addition
STREET ADDRESS	YOUNG, CATHERINE Y 10240 S.W. 56TH STREET, #108-1			I ADDRESS			
CITY-ST-ZIP	MIAMI FL 33165	i, #100°1	1 4 CHY-				
TITLE	V	DELET					Change Addition
NAME	YOUNG, CARL D		2.2 NAME				
STREET ADDRESS	10240 S.W. 56TH STREET	ľ, #108-1	2.3 STREE	I ADDRESS			
CITY-ST-ZIP	MIAMI FL 33165	☐ DELET	2 4 CiTY-				Channa
NAME		ال مردد	3 1 TITLE 3 2 NAME			L.	Change
STREET ADDRESS				ET ADDRESS			
C(TY-ST-Z)P			3 4 CITY -				
TITLE		DELET	4 1 TIFLE			Ü.	Change
NAME			4.2 NAME				
STREET ADDRESS				F ADDRESS			CN
CITY-ST-ZIP TITLE		DELET	4.4 CITY - 5 1 TIT: F	******			Change Addition
NAME		_ Star.	5.2 NAME				/ Had tot
STREET ADDRESS				T ADDRESS		•	m, re
CITY-ST-ZIP			5.4 CITY -	ST - ZIP	<u>6000018</u> (-05/06/96010	<u> 1823</u>	3 8 /) \
TITLE		☐ DELET			-05/06/96010	01701	Change Addition
NAME STREET ADDRESS			6.2 NAME		***200.00		
STREET ADDRESS				f ADDRESS			
CITY-ST-ZIP			6.4 CHY-	25b, T			

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 aurusul 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 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 on an attachment with an address

SIGNATURE:

CR2E034 (12/95)