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 DOCUMENT #

SIGNATURE:

P94000068712 (6)

1.	SOC, I				(-,								
Principal Place of Business Mailing Address											BBC 110 1861 BIBIT BRIEF BB	H VIIII VIIIT (HUI IDIII FU	8E1 11918 1181 1881
10110 S.W. 215TH STREET 10110 S.W. 215TH STRE MIAMI FL 33189 MIAMI FL 33189														
										09/16	orporated or Qualified 5/1994	3a. Date of Last Report 04/04/1995		
2. 21	Principal Pla	rinoipal Place of Business			2a. Mailing Address					4. FEI Number Applied For 65-0535099 Not Applicable				
22	Suite, Apt.	Suite, Apt. #, etc.			Suite, Apt. #, etc.						e of Status Desired	[]		5 Additional
22	City & State	City & State			City & State					6 Election	Campaign Financing			Required
23	700		Comb	28	797					Trust Fur	nd Contribution		Add	00 May Be ed to Fees
24	Zip		Country 25	29	Zip	30	Country	,		8. This com Florida S	oration has liability fo tatutes	rintangible t s	ax under s	s 199.032,
		9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent				
								Na	me Tu	U10 ;	4. Gome	2-		
		, stephei					82	Str	eet Address	s (P.Q. Box N	umber is Not Accepta	ible)		
			OAD, STE. 411					L	176	S 00	<u>w 83 c</u>	7		
	CURAL	gables f	L 33134				83							
							84	1	MIM	ш		FI	85 Z	Lip Code
11	. Pursuant t	o the provisi	ons of Sections 607.0502 both, in the State of Alori of the obligations of Sec	and 607	.1508, Florida Statu	ites, the	above-r	name	d corporation	on submits th	s statement for the p	irpose of ch	anging its	registered office
	familiar wit	h, and accep	of the obligations of Sec	ion 607.0	505, Florida Statute	ized by ti es. 🏽 🖋	ne corp	oratic	on's board o	of directors. I	nereby accept the ap	pointment as	registere	ed agent. I am
	GNATURE _	- SU	W U SIG	MUL	UUU	\mathcal{M}_{i}	078	UИ	20			4-	<i>30-</i>	-96
12		Signatur Typed	of flybed or printed name of registered agent and tit applicable OFFICERS AND DIRECTORS			(NOTE: Registered Agent signature requi			lure required wh		NS/CHANGES TO OF	DATE EICEDS AND	NOCOT	ODC IN 10
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	Y-ST-ZIP			- 	,,	6.	4 CITY - ST	T-ZIP						
14	oath: that I	am an office	the information supplied to indicated on this annual or of the corporation of the corpora	Ja⊩report ration or t	or supplemental and	nual repo	rtistrii	ie and	i accurate a	and that my ei	anatura chail haus thr	reagno togal	officet on i	if made under

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