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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B Mortnam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name	P94000071573	(7)
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SAND	PRA KAYAL CPA, P.A.					
Principal Place	e of Business	Mailing Address		ı radıldarı iya tahla bildir adili düri	I BBJAA BBAAN ABBBA ATBBA	BINI INGOLUNI HAN
10637 SW (7-K		10068 S.W. 117TH C Miami Fl 33186	π.			
MIAMI FL 3 US				3. Date Incorporated or Qualified 09/29/1994	3a. Date of Last 05/01/1	
	ace of Business	2a. Mailing Address		4. FEI Number	30/01/1	Applied For
Suite, Apt.	# oto	26		65-0538837		Not Applicable
City & State		Suite, Apt. #, etc		5. Certificate of Status Desired		5 Additional Required
23	7	City & State		Election Campaign Financing Trust Fund Contribution		00 May Be
Ζιρ 24	Country 25	7/p	Country	8. This corporation has liability for in	ntangible tax under s	ed to Fees s 199.032,
	9. Name and Address of Cur		30	Florida Statutes Yes 10. Name and Address of New Re		
			81 Name	10. Name and Address of New Ro	gistered Agent	·
KAYAL,	SANDRA		82 Street A	(0.0 Fz. M	~	
	S.W. 117TH CT.			Address (P.O. Box Number is Not Acceptable	9)	
MIAMI	FL 33186		83			
			84 City			'ıp Code
11. Pursuant to	o the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, trie above named cor	poration submits this statement for the purp		registered office
familiar wit	h, and accept the obligations of, Se	ondal Shon change was authoriz schon 607.0505, Fiorida Statutes	ed by the corporation's b i	rporation submits this statement for the purp poard of directors. I hereby accept the appo	ntment as registere	d agent. I am
SIGNATURE ,	Signature, typed or printed name of registeress as	ertaintthe marphyane (NC	NE. Registered Agend signature va	Clind and China and Comment of the C		
12.		NO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	DATE DERS AND DIRECTO	ODS IN 12
TIFLE	D	☐ DELET L	1 1 I/I/F	25.110.10.01.111111111111111111111111111	☐ Change	
NAME	KAYAL, SANDRA		1.2 NAME			
STREET ADDRESS	10068 S.W. 117TH CT.		1.3 STREET ADDRESS			
CITY-S1-ZIP	MIAMI FL 33186		14 CITY - ST ZIP			
TITLE		☐ DECETE	2 1 1071.6		☐ Change	Addition
NAME CZDECZ LIDDOSOS			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		ED DO EN	2.4 CITY-ST ZIP			
NAME		☐ DELETE	3 1 TITLE		☐ Change	Addition
STREET ADDRESS			3.2 NAME			
CITY - ST - ZIP			3.3 STREET ADDRESS			
TITLE		[] DELET	3.4 C-TY - ST - Z-P			- <u>-</u>
NAME			4 1 Title		Change	Addition
STREET ADDRESS			4.2 NAME			
CITY-ST-ZIP			4.3 STREET ADDRESS			
TITLE		DÉLETÉ	5 1 111LF			
NAME			5.2 NAME		☐ Change	Add tion
STREET ADDRESS			5 3 STREET ADDRESS			
CITY - ST - ZIP			5 4 CHY ST-ZIP			
ITLE		☐ DELETE	6 1 TIFLE		Change	□ Addition
NAME			6.2 NAME		LI Change	Addition
TREET ADDRESS			6.3 STREET ADDRESS			
CHTY - ST - ZiP			6.4 0 17 - 51 - 7 0			
oath; that L	certify that the information supplied the information indicated on this and am an officer or director of the corp Block 12 or Block 13 if changed, or	Orabon or the receiver or tractor	shed and does not qualifulation and accuracy accuracy and accuracy and accuracy and accuracy accuracy and accuracy accuracy and accuracy accuracy and accuracy accuracy accuracy and accuracy accu	y for the exemption stated in Section 119.07 trate and that my signature shall have the se this report as required by Chapter 607, Flori	'(3)(k), Florida Statut ime legal effect as if da Statutes, and tha	ies. I further I made under at my name

SIGNATURE: COMO KOLOU
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

925196 (305) 2717253