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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIMISION OF CORPORATIONS

	ANNUAL REPORT Secretary of State  1996 DIVISION OF CORPORATIONS			S		
DOCUI	MENT # <b>P9400</b>	0072673 (4	·)			
,	RYN HARTT INDEPENDENT	CHAIDINED DICTOR	ITAD			
INC.	TIN HANII INDEFENDENI	SUNNIVEN DISTRIBL	JIUN,			
Principal Place	e of Business	Mailing Address			1 18861888 110 1010 1010 1010 1010 1010	ODKAN ODNIN I <b>pono</b> ribio dilike r <b>ogo</b> o kini r <b>ogo</b>
19000 N.E. 2	20TH AVENUE	C/O HMPD				
NORTH MIAMI BEACH FL 33179 16100 NE 16 AVE			****			
		NO MIAMI BEACH FL US	33162		3. Date Incorporated or Qualified	3a. Date of Last Report
					09/30/1994	04/24/1995
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite. Apt. #, etc			65-0543935	Not Applicable
22	m, 6to.	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Ζιρ <b>24</b>	Country 25	Ζφ <b>29</b>	Country 30		8. This corporation has liability for Florida Statutes Yes	ritangible tax under s. 199.032, □ No
	<ol><li>Name and Address of Current</li></ol>	it Registered Agent			10. Name and Address of New R	egistered Agent
			81 1	lame		
	KATIMS, NEIL A ESQ				ss (P.O. Box Number is Not Acceptab	le)
9485 SUNSET DR SUITE A292 MIAMI FL 33173						
MIAMI PL 331/3			84 (	lity		FL 85 Zip Code
or registe familiar w SIGNATURE	to the provisions of Sections 607,0502 red agent, or both, in the State of Florinith, and accept the obligations of, Sect Signature (provided manufactures) agents.	th Such change was authorizen 607.0505, Florida Statutes as the tage after the stage after the	red by the corpora s সংক্রিক সদল মুদ্রী ছা	bori's board	of directors. Thereby accept the appointment of the control of the	intment as régistered agent. Lam
12.	OFFICERS ANI		13.	<del></del>	ADDITIONS/OHANGES TO OFFI	
TITLE NAME	PST CATHDYN	DELETE	1.1 Tifle			Change Addition
STREET ADDRESS	HARTT, CATHRYN 19000 N.E. 20TH AVENUE		1.2 NAME 1.3 STHEET AUG	etce		
CITY-ST-ZIF	NORTH MIAMI BEACH FL		1.4 City - St. Z			
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NAME			2 2 NAME			L
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CITY - ST - ZIP	NORTH MIAMI BEACH FL 33179		2 4 CITY - ST - Z	ır		4 1175 - 7 17 - 7 1844 - 7 1844 - 7 1844 - 7 1844 - 7 1844 - 7 1844 - 7 1844 - 7 1844 - 7 1844 - 7 1844 - 7 1844
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STREET ADDRESS			4.3 STREET ADI	ORESS		
City-St-ZiP			4.4 CITY - ST - Z			
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NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADD	ORESS		
CHTY-ST-ZIP			54C+1Y+SF Z	,p		
TITLE		☐ DELETE	6 1 TITLE			Change Addition
NAME			6.2 NAME			

14. I do hereby certify that the information's applied 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 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 filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that I am an officer or director of the composition of the exercise empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 inchanged origin at address.

6.3 STREET ADDRESS 6.4 CiTY+S' ZiP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x3/26/94 CONTRACE.

CR2E034 (12/95)