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

DOCUN 1. Corporation	MENT # P940	0007354	8 (7)			
	DEN CO.					
Principal Place of Business Mailing Address					···	1 (80)/1781 118 (81)) 0131/ 051/1 051/1 051/1 1000 11/01 01/1 01/
12395 S DIXIE HWY		12395 S DIXIE HWY				
MIAMI FL 33 US	136	MIAMI FL 33 US	1156			
						3. Date Incorporated or Qualified 09/27/1994 3a. Date of Last Report 06/09/1995
2. Principal Pla	ace of Business	2a. Mailing Add	Iress			4, FEI Number Applied For
Suite, Apt. #, etc.		26 Suite Ant	Suite, Apt. #, etc.			65-0530668 Not Applicable
22		27	<u> </u>			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		<u> </u>	City & State			6. Election Campaign Financing \$5.00 May Be
23	IP Country		Z p			Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032,
24	25	29	30	Country		Florida Statutes Yes No
	9. Name and Address of Curr	ent Registered Ageni		24		10. Name and Address of New Registered Agent
ODIE: EE	2 ACCOMINTED DA			81	Name)
SPIELER & ASSOCIATES, P.A. 4700 BISCAYNE BOULEVARD				82	Street	t Address (P.O. Box Number is Not Acceptable)
SUITE 2				83		
MIAMI F	L 33137			84	City	▶. 85 Zip Code
11 Pursuant to	o the provisions of Sections 607.05	02 and 607 1508 Flori	da Statutos, tim s	abouto r	amad or	EL 5 2 2 2 2 2 2 2 2 2
l or registere	ed agent, or both, in the State of Flo h, and accept the obligations of, Se	rida. Such change was	s autnorized by th	ne corp	oration's	s board of directors. Thereby accept the appointment as registered agent, I am
SIGNATURE	on and the top of the day got onto on a		· Clotatoo.			
12.	Signature, typed or printed name of registered ago	int and little if applicable ND DIRECTORS			t signature n	required when rendstatus): DATE
TITLE	PVSD	DE		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	SLAYDEN, PAUL SR.		1.2 NAME			
STREET ADDRESS	5821 S.W. 85TH STREET		1.	3 STREET	ADDRESS	
CITY-SI-2IP TIFLE	MIAMI FL 33143	□ DE		4 CITY - S	1 - ZIP	M. T. COO.
NAME		[] 00		1 TITLE 2 NAME		VICE PRES. Change MAddition
STREFT ADDRESS					ADDRESS	VICE PRES. Change MAddition SLAYDEN, PAUL JR. 5840 SW 8557
CHTY-ST-7IP				4 CITY-S	1 - ZIP	MIKMI. FL. SSIT'S" BALT
TITLE NAME		□ DE		1 THLE		Change Addition
STREET ADDRESS				2 NAME 3. STREET	ADDRESS :	
CITY ST-ZIP				4 CITY-S	- 1	
TITLE		☐ DE	1	1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS				2 NAME	1000000	
CHY-ST-ZIP				3 STREET 4 City - St		
TIFLE		☐ DE		1 TITLE		Change Addition
NAME			5.3	2 NAME		
STREET ADDRESS				3 STREET.		
CHY+SI-ZIP TITLE		DE:		4 CITY-ST 1 TITLE	ı - ZIP	Change Addition
NAME				2 NAME		Change Addition
STREET ADDRESS				3 STREET.	ADDRESS	
STREET AUDINESS			63	3 STREET.	ADDRESS	

CITY ST 2IP

14. I do hereby certify that the information europied with this filling 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 charged, or on an attachment with an address.

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

4/17/96 305-2517984

CR2E034 (12/95)