PROFIT CORPORATION ANNUAL REPORT 1996			FLORIDA DEPARTMENT OF STATE  Sandra B Mortham  Secretary of State  DIVISION OF CORPORATIONS								
DOCUMI 1. Corporation Na	ENT # <b>P94</b> 0	00007	75931 (3)	)			I HANDON NO HOM DING SAIN TAN				
Principal Place of 209 BILBAO ST			Mailing Address  209 BILBAO ST ROYAL PALM BEACH FL 33411								
ROYAL PALM BEACH FL 33411 US			US				3. Date Incorporated or Qualified 10/14/1994	3a. Date of Last Report 03/29/1995 Applied For			
2. Principal Place	of Business	2a	. Mailing Address		· · · ·		4. FEI Number		L	Applicable	
21		26	26   Suite, Apt. #, etc.				65-0538153  5. Certificate of Status Desired		\$8.75 Additional		
Suite, Apt. #,	eic.	27	F-1				Election Campaign Financing		\$5.00 N	May Be	
City & State		28	28				Trust Fund Contribution				
Zip	Country 25	29					Florida Statutes  Yes No  10. Name and Address of New Registered Agent				
24	9. Name and Address of		stered Agent		81	Name	10. Name and Address of New	Registered	Agent		
ROYAL P	IAO STREET ALM BEACH FL 33411  Ithe provisions of Sections 66	07.0502 and €	907.1508, Florida Statu	tes, the a	83 84		poration submits this statement for the p poard of directors. I hereby accept the a	Flourpose of oppointment	hanning ito roo	istored office	
or registere familiar with	d agent, or both, in the State , and accept the obligations	of Florida Su of, Section 60	7.0505, Florida Statute	S.				DATE			
SIĞNATURE: _	iver arone, typed or present name of regist	one trage of a set sto			ared Agr	of signature resp	ADDITIONS/CHANGES TO C		ND DIRECTOR	S IN 12	
12. TITLE NAME STREET ADDRESS	PSD DIONNE, EARL 209 BILBAO ST	RS AND DIR	DELETE	1	1 TITLE 2 NAME	1 ADDRESS			☐ Change	Addition:	
CITY-ST-ZIP THTLE NAME	ROYAL PALM BEACH	FL.	☐ DELETE	2	.4 CHY- 1 TiTLE 2 NAME 3 STRE			<u></u>	Change	Addition	
STREET ADDRESS CHTY-ST-ZIP			DELETE			- ST 71P			Change	☐ Addition	
TITLE NAME	-		<u>_</u>	- 1	3 2 NAM						
STREET ADDRESS City-St-Zip			DELETE			- SI - ZIP			Change	Addition	
TITLE NAME STREET ADDRESS			<u>Приссе</u>		4 2 NAM 4 3 STRI	IE EET ADDRESS					
CITY-S1-ZIP TITLE NAME STREEL ADDRESS			☐ DELETE		5 1 THE 52 NAM 53 STR	ME EET ADDRESS	20001 -04/17/960 ***200.00	78 <b>4</b> -	452° -013	Addition	
CITY-ST-ZIP			DELETE		5 4 CII	Y - ST - ZIP CE			☐ Change	Addition	

14. I do hereby certify that the information supplied with this tiling 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 armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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 t changed, or on an attachment with an address.

SIGNATURE:

62 NAME

SIGNATURE:

TITLE

NAME

MED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-12-96 407-790-0178