SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS A service of the contract of t

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•		00081832 (5	5)				
STETA	RA INC				 		
Principal Place of Business Mailing Address 832 15TH ST. 832 15TH ST.				}			
#2	LL P1 00/00	#2	#2				
MIAMI BEACH FL 33139		MIAMI BEACH FL 33139		3. Date Incorporated or Qualified 3a. Date of East Report 11/04/1994 10/13/1995			
2. Principa: F	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21 26		The same of the sa		65-0596879	Not Applicable		
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Z·p	Court	itry	8. This corporation has liability for i		
24	25	29	30			Yes No	
	9. Name and Address of Curr	ent Registered Agent		B1 Name	10. Name and Address of New Re	gistered Agent	
	ARRIS, STEPHANIE						
	12-15 ST.		1	82 Street Add	Address (P.O. Box Number is Not Acceptable)		
MI	AMI BEACH FL 33139		ļ ī	83			
			-	B4 City		85 Zip Code	
			}	,	poration submits this statement for the purion's board of directors. I hereby accept		
SIGNATURE 12.		1-1	_	Адый зараачил теар	ited white the estating? ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12	
TITLE	PT	DELETE	11100	F		Change Addition	
NAME	HARRIS, STEPHANIE		1.2 NAM				
STREET ADDRESS	832 15TH ST.			EET ADORESS			
C(TY - ST - Z(F) FITLE	MIAMI BCH. FL 33139 VS	DELETE	2 1 HIL	r ST-ZIP		Change Addition	
NAMÉ	HARRIS, TARA	horn-d	2.2 NAM				
STREET ADDRESS	832 15 ST.		2 3 STH	EET ADDRESS			
CITY - ST - ZIP	MIAMI BCH. FL 33139		2 4 011	Y - ST - ZIP			
TITLE		DELETE	3 1 TIFE	f		Change Addition	
NAME			3.2 NAM				
STREET ADDRESS				EFT ADORESS			
CITY-ST-ZIP TITLE		DELETE		Y SI-ZIP		Change Addition	
NAME			4 1 Tift			Change Addition	
STREET ADDRESS				EET ADORESS			
CITY - ST - ZIP				r-\$1-7iP			
TITLE		DELETE	5 1 TITE			Change Addition	
NAME			5.2 NAA	1E			
STREET ADDRESS			5.3 STA	EET ADORESS			
CITY - ST - ZIP			5.4 CIT	Y-\$1-ZIP			
THE		DELETE	6 1 TrTL	.E		Change Addition	
NAMÉ			6.2 NA	AE .			
STREET ADDRESS				EET ADDRESS			
CITY - ST - ZIP	<u></u>		5.4 CHT	r-STZIP			

I do hereby certify that the information supplied 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 armulal report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address

SIGNATURE:

SIGNATORIE AND TYPES OR PRINTED NAME OF SIGNAGO PFICER OR DIRECTOR

Jane 15-1600 233-8002