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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation Name 33 CORPORATION						
Principal Place of Business Mailing Address 4869 S.W. 75TH AVE. MIAMI FL 33155 MIAMI FL 3						
US		US		3. Date Incorporated or Qualified	3a. Date of	
FV::	(D)	A. Mailine Address		11/09/1994 4. FEI Number	<u> U4/1</u>	9/1995 Applied For
Principal Pla	ice of Business	2a. Mailing Address 26		65-0539504		Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	<u> </u>	8.75 Additional
		27		9. Certificate of Status Desired		Fee Required
City & State		City & State		6. Election Campaign Financing		\$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability for		Added to Fees
]	25	29	30		s ∏No	100.002
l .	g. Name and Address of Curre			10. Name and Address of New	Registered Age	nt
			81 Name			
13382 9	R, PETER S SW 128TH ST. FL 33186		83	ess (P.O. Box Number is Not Accepta	able)	
			84 City		FL	Zip Code
1. Pursuant to	o the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the above-named corpor	ation submits this statement for the pard of directors. I hereby accept the ap	uroose of changi	ng its registered offic
SIGNATURE _	Signature, typed or printed name of registered ag OFFICERS A	wint and title if applicable (N NND DIRECTORS DELETE	iOTE: Registered Agent signature require 13. 1.1 TITLE	d wheri reinstatingi ADDITIONS/CHANGES TO OF		RECTORS IN 12 hange Addition
AME	PARKER, PETER S		1.2 NAME			
THEFT ADDRESS	13382 SW 128TH ST.		1.3 STREET ADORESS			
ITY-ST-ZIP ILE	MIAMI FL 33186	☐ DELFTE	2 1 TITLE		П	Change
AME			2 2 NAME			
TREET ADDRESS			2.3 STREET ADDRESS			
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AME			3 2 NAME			
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AME			4.2 NAME			
REET ADDRESS			4.3 STREET ADDRESS			
IY-S1-ZIP			4.4 CITY - ST - ZIP			
TLF		☐ DELETE	5 1 TITLE			Change
AME			5.2 NAME			
FREET ADDRESS			5.3 STREET ADDRESS			
TLF		DELETE	5 4 CITY - ST - ZIP 6 1 TITLE			Change
AME		<u></u>	6.2 NAME			
TREET ADDRESS			63 STREET ADDRESS			
MIY - SI - 7/P			64 CHY-ST-ZIP			
I do hereb certify that oath; that	t the information indicated on this ar	onual report or supplemental ar rporation or the receiver or trust	nnual report is true and accura- tee empowered to execute th Idress.	for the exemption stated in Section 11 ate and that my signature shall have the is report as required by Chapter 607,	ne same logal ori	ect as it made under
SIGNAT	URE:X SIGNATURE AND TYPE	OF PRINTED NAME OF SIGNING OFFI	Scott Pank	FAL Y/15	196 Dayle	ne Phone W