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

P94000084780 (3)

DOCUMENT # 1. Corporation Name

| Principal Place of Business Mailing Address 2666 BRICKELL AVE 150 S. PINE ISLAND ROAD MIAMI FL 33129 STE 500 PLANTATION FL 33324 | | |
|--|---|--------------------------|
| 3. Date incorporated or Qualified 11/18/1994 | d 3a. Date of Last Report 08/09/1995 | |
| 2. Principal Place of Business 2a. Mailing Address 4, FEI Number 21 26 65-0555170 | Applied Not Ap | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired | \$8.75 Additi | iona! |
| City & State City & State 6. Election Campaign Financing Trust Fund Contribution | | Be |
| Zip Country Zip Country 8. This corporation has liability for 24 25 29 30 Florida Statutes 27 Y | | |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New | | ··· |
| F&L CORP | | |
| 200 LAURA ST JACKSONVILLE FL 32202 83 | table) | |
| | | |
| · 84 City | FL 85 Zip Code | |
| Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-hamed corporation submits this statement for the por registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the approximately accept the approximately accept the poligations of Section 607.0505, Florida Statutes. | ourpose of changing its registere | ad office |
| SIGNATURE | | Lanı |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature received when reinstating) | DATE | ······ |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. NOTE Registered Agent signature received when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OF | DATE FFICERS AND DIRECTORS IN 1 | 12 |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OF INTERPRETATIONS ADDITIONS ADDIT | DATE | 12 |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. [NOTE Registered Agent signature recurred when reinstalling). 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFTILLE THE WERNER, SETH 15.0.2 PINE ISLAND DD. CHITTE FOO. | DATE FFICERS AND DIRECTORS IN 1 | 12 |
| SIGNATURE Signature, typed or printed name of registered agent and titler it applicable. (NOTE Registered Agent signature recurred when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFTILE NAME WERNER, SETH STREET ADDRESS 150 S PINE ISLAND RD SUITE 500 PI ANTATION FL 33324 | DATE FFICERS AND DIRECTORS IN 1 | 12 |
| SIGNATURE Signature, typed or printed name of registered agent and titler it applicable. (NOTE Registered Agent signature recovered when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFTILE NAME WERNER, SETH 12 NAME STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33324 1.4 CITY-ST-ZIP | DATE FFICERS AND DIRECTORS IN 1 Change A | 12 ddition |
| SIGNATURE Signature: Syred or printed name of registered agent and titler if applicable. NOTE Registered Agent signature recovered when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFTILE NAME WERNER, SETH 12 NAME STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33324 14 CITY-ST-ZIP DELETE 2 THILE DEFENDITIONS FOR APPLOY | DATE FFICERS AND DIRECTORS IN 1 | 12 ddition |
| SIGNATURE Signature: Syred or printed name of registered agent and title if applicable. NOTE Registered Agent signature received when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OF INTE NAME STREET ADDRESS CITY-SI-ZIP VERNER, SETH 150 S PINE ISLAND RD SUITE 500 PLANTATION FL 33324 INTE D CITY-SI-ZIP DELETE D CITY-SI-ZIP DEFORTUNA, EDGARDO 2668 RPICKELL AVE | DATE FFICERS AND DIRECTORS IN 1 Change A | 12 ddition |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. NOTE Registered Agent signature recurred when reinstation) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFTILLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE D TITLE T T T T T T T T T T T T T | DATE FFICERS AND DIRECTORS IN 1 Change A | 12 ddition |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. NOTE Registered Agent signature recurred when reinstation) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFTILLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE D CITY-ST-ZIP DELETE NAME DEFORTUNA, EDGARDO STREET ADDRESS CITY-ST-ZIP MIAMI FL 33129 DELETE 2.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33129 2.4 CITY-ST-ZIP | DATE FFICERS AND DIRECTORS IN 1 Change A | 12 ddition ddition |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. PNOTE Registered Agent signature recoved when reinstalling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | DATE FFICERS AND DIRECTORS IN 1 Change A | 12 ddition ddition |
| SIGNATURE Signature, typed or printed name of registered agent, and title if applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. TITLE NAME STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33324 DEFORTUNA, EDGARDO STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33129 THE NAME DEFORTUNA COMPANDED TO DELETE 2.2 NAME 2.2 STREET ADDRESS CHY-ST-ZIP TITLE NAME DELETE 3.1 TITLE 3.2 NAME | DATE FFICERS AND DIRECTORS IN 1 Change A | 12 ddition ddition |
| SIGNATURE Signature, typed or printed name of registered agent, and title if applicable. Defectors 13. ADDITIONS/CHANGES TO OF TITLE NAME STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33324 DEFORTUNA, EDGARDO STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33129 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE DELETE 2 1 TITLE 2 2 NAME 2 2 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33129 TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33129 TITLE NAME STREET ADDRESS | DATE FFICERS AND DIRECTORS IN 1 Change A | 12 ddition ddition |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. Defectors 13. ADDITIONS/CHANGES TO OF INTE NAME STREET ADDRESS CITY-ST-ZIP DELETE NAME STREET ADDRESS CITY-ST-ZIP DEFORTUNA, EDGARDO STREET ADDRESS CITY-ST-ZIP MIAMI FL 33128 STREET ADDRESS CITY-ST-ZIP DELETE NAME STREET ADDRESS CITY-ST-ZIP DELETE AMME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP MIAMI FL 33128 STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP AMME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP AMME STREET ADDRESS CITY-ST-ZIP AMME STREET ADDRESS CITY-ST-ZIP AMME STREET ADDRESS CITY-ST-ZIP AMME STREET ADDRESS CITY-ST-ZIP ACTITY-ST-ZIP ACTITY-ST-ZIP | DATE FFICERS AND DIRECTORS IN 1 Change Ac | ddition |
| SIGNATURE Signature, Synd or printed name of registered agent and title if any facetic. PNOTE Registered Agent signature recorded when reinstalling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE DEFORTUNA, EDGARDO STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE DELETE DELETE DELETE A TITLE 3. ADDITIONS/CHANGES TO OFFICERS 1. TITLE 2. TITLE 2. TITLE 2. TITLE 3. TITLE 3. ADDITIONS/CHANGES TO OFFICERS 4. CITY-SI-ZIP TITLE DELETE 3. TITLE 4. TITLE 1. TITLE 4. TITLE 4. TITLE 4. TITLE | DATE FFICERS AND DIRECTORS IN 1 Change A | ddition |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (PNOTE Registered Agent Signature recurred when reinstative) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFTILL THE CONTROL OF THE CO | DATE FFICERS AND DIRECTORS IN 1 Change Ac | ddition |
| SIGNATURE Signature, speed or printed name of regishered agent and title if applicable. (NOTE Pagistered Agent signature recorded when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TILLE NAME STREET ADDRESS CITY-ST-ZIP DEFORTUNA, EDGARDO STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS A CITY-ST-ZIP TITLE NAME A STREET ADDRESS | DATE FFICERS AND DIRECTORS IN 1 Change Ac | ddition |
| SIGNATURE Superiors, Synd or printed name of registrord agent and title if applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. TITLE NAME STREET ADDRESS CITY-ST-ZIP DEFORTUNA, EDGARDO 2668 BRICKELL AVE MIAMI FL 33128 DELETE 1. TITLE DELETE 2. TITLE NAME STREET ADDRESS CITY-ST-ZIP | DATE FFICERS AND DIRECTORS IN 1 Change Ac | ddition |
| SIGNATURE Superiors, Synd or printed name of registrord agent and title if applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. Little NAME STREET ADDRESS CITY-ST-ZIP DEFORTUNA, EDGARDO 22. NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TOLLETE AT ITTLE AT | DATE FFICERS AND DIRECTORS IN 1 Change Ac | ddition |
| SIGNATURE Superiors, Synd or printed name of registrord agent and title if applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. TITLE NAME STREET ADDRESS CITY-ST-ZIP DEFORTUNA, EDGARDO 2668 BRICKELL AVE MIAMI FL 33128 DELETE 1. TITLE DELETE 2. TITLE NAME STREET ADDRESS CITY-ST-ZIP | DATE FFICERS AND DIRECTORS IN 1 Change Ac | ddition |

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Ido hereby certify that the information supplied with his 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 angular room 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 controllar 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 less hanges, or or an attachment with an address.

6.3 STREET ADDRESS

5.4 C/TY - ST - ZIP

6. 1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS CITY-ST-2IF

STREET ADDRESS

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

DELETE

Daytime Prione #

Date

Change

Addition

CR2E034 (12/95)