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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthami Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 1. Corporation Name

P94000085832 (1)

FFDAA	PRANCINALIA	CORPORATION
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Principal Place of Business			Mailing Address					4 INGLINDAL SAN INTSTEE MANTE NOTH NOTHER DESIGNATION NEIGH SEIGH SEIGH SEIGH SEIGH SEIGH SEIGH SEIGH SEIGH SE		
629 71ST STREET MIAMI BEACH FL 33141		629 71ST STREET MIAMI BEACH FL 33141								
								3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1995		
2. Principal Place of Business			2a. Mailing Address					4. FEI Number 65-0592691 Applied For		
21 621 71st Street		26	26 621 71st Street			et	APPLIED FOR Not Applicable			
Suite, Apt. #, etc		27	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional			
City & State			City & State				Fee Required			
23 Miami Beach, FL			28	<del></del>			To T	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
<i>7</i> ip	<del></del>	Country	— — — · · ·	Zip		. <b>t.</b> r⊥ untry		Inst Fund Contribution Added to Fees     In is corporation has liability for intangible tax under s 199.032,		
24 3	3141	25 Dade	29	33141	30	Da	ade	Florida Statutes Yes No		
	9. Name	and Address of Curre	nt Regist					10. Name and Address of New Registered Agent		
						81	Name			
	n, lloyd i				82 Street Arld			Address (P.O. Box Number is Not Acceptable)		
	IST STREE			621			21 71st Street			
MIAMI	BEACH FL	33141				83	•	7 7 7 D C 1		
						84	City	<b>—∎ 85</b> Zip Code		
								<b>⊢</b> I     '		
11. Pursuant or registe	to the provis	ions of Sections 607,050 both, in the State of Flor	2 aed 607 :da. Sach	'.1508, Florida Statut .ch ജവല യാട <b>ംബ് ആ</b> വ്	es, the abo	ove-r	named co	orporation submits this statement for the purpose of changing its registered office		
tamiliăr w	vith, and acce	It the obligations of, Sar	tion 6079	නාම, Florida Starute:	activy the	COIS	traton's	board of directors. Thereby accept the appointment as registered agent. I am		
SIGNATURE	- L	Well L	<i>. [</i>	MAX	_			1/2/3/2		
12.	Strate tyred	OF LICEDS AN	radiora in over an		·	( A <sub>.j</sub> ,	tsynstron	expendian consisting DATE		
TE.	CD	OFFICERS AN	ID DIREC	DELETE	13.	111.6	······ r	ADDITIONS/CHANGES TO OFFICE AS AND DIRECTORS IN 12		
NAME		SON, JOSEPH H			1 1 1		İ	Change Addition		
STREET ADDRESS	629 71				12 N					
CiTY-ST-ZiP	1	BEACH FL 33141					ADDRESS	621 71st Street		
TITLE	SD	DE TOTT L COTT		[] DELEIE	2 1	·IY ·S	1 · ZIF			
NAME		SON, ISABEL		breeze	224		- 1	Change Addition		
STREET ADDRESS	629 71						ABORGO	<b>504 54 1 1</b>		
CITY-ST-ZIP	1	BEACH FL 33141			1	aren ary s	ADDRESS	621 71st Street		
TITLE	PD			C DELETE	3 1 1		<u> </u>	Change		
NAME	1	CK, WILLIAM E			3 ? N			Add tion		
STREET ADDRESS	629 71						AJIORESS	621 71-6 06 1		
CITY - ST - ZIP	1	BEACH FL 33141				HY-S		621 71st Street		
TITLE	ASD	······································		☐ DELETE	4 1 1			Change Addition		
NAME	MULTA	CK, JOELLEN			4 2 N	AME		KX many		
STREET ADDRESS	629 71	ST ST.					AUOSESS	621 71st Street		
CITY - ST - ZIP		BEACH FL 33141				 -[Y-S]		THE DELCCE		
THLE	ASD			DELETE	5 1 7			Change Addition		
NAME		N, CANDICE			(S) N	AM:	j	CANDROE RUSKIN RChange Addition		
STREET ADDRESS	629 71						ADDRESS	621 71st Street		
CITY - ST - ZIP	-+	BEACH FL 33141			5 4 C	IIY-SI	ı zır	TE. FISC DELEGE		
THILE	CVD			☐ DELETE	6.17	TILE		Crange Addition		
NAME		N, LLOYD L			6 2 N	AME				
STREET ADDRESS	629 71				63\$	rreet.	ADDRESS	621 71st Street		
CITY - ST - ZIP		BEACH FL 33141			640	ıTY+S1	T - ZIP			
<ol><li>14. I do heret</li></ol>	by certify that	the information supplied	with this fi	iling is voluntarily furr	ished and	does	not qual	By for the exemption stated in Section 119.07/3/(k). Florida Statutes. 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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if chapged, or on an attachment with an address.

SIGNATURE:

PICER OR DIRECTOR CHAMPEN 4/8/16 865-448