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

PROFIT CORPORATION ANNUAL REPORT



FLOR DA DEPARTMENT OF STATE
Sandra B. Morlham
Secretary of State
DIV SION OF CORPORATIONS

1996

DOCUMENT#

SIGNATURE:

P94000092173 (1)

KEY WEST FL 33040 KEY WE 2. Principal Place of Business 2a. Mailing A 21	Address ot #, etc.			3. Date incorporated or Qualified 12/21/1994	3a. Date of Last F	lenort
26 Suite, Apt. #, etc. Suite, Ap. 27 City & State City & St. 28,					3a. Date of Last F	onort.
1 26 Suite, Apt. #, etc. Suite, Ap. 2] 27 City & State City & St. 3 28				16/6/1/1007	03/16/1	
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 28,	pt. #, etc.			4. FEI Number		Applied For
27	JL W, BIG.			65-0546830		Not Applicable
28,				5. Certificate of Status Desired		5 Additional Required
antara and a communication and a compression of second and a compression and a compr	tate			6. Election Campaign Financing		May Be
		Country		Trust Fund Contribution 8. This corporation has liability for it	AOOE	199 032
25 29	30				□ No	100.002,
9. Name and Address of Current Registered Age	ent			10. Name and Address of New R	Registered Agent	
		81	Name			
SONI, DAXA C.		82	Street Addr	ess (P.O. Box Number is Not Acceptab	ye)	
115 WHITEHEAD K€Y WEST FL 33040		83				
1127 12 00010		84	City		1	in Onda
		84	City		FL 85 Z	ip Code
Signature: typed or printed name of registered agent and title if applicable. 2. OFFICERS AND DIRECTORS		13.	it signature required	d when reinstating: ADDITIONS/CHANGES TO OFFI		
ITLE D IAMI SONI, DAXA C	DELETE	1. 1 TITLE 1.2 NAME			☐ Change	☐ Addition
IRELI ADDRESS 115 WHITEHEAD STREET		1.3 STREET	ADDRESS			
IY-S*-Z₽ KEY WEST FL 33040		1.4 CiTY-S	!			
	DELETE	2. 1 TITLE			☐ Change	■ Addition
AME SONI, DAXA C		2.2 NAME				
THEF LADURESS 115 WHITEHEAD STREET		2 3 STREET	i			
ITY-ST-ZIP KEY WEST FL 33040	DELETE	2 4 CITY - ST 3 1 THILE	T-ZIP		☐ Change	Addition
AME	TA LETE	3 2 NAME			Change	☐ MOUNTON
THEFT ADDRESS		33 STREET	ADDRESS			
FY-S1-ZIP		3 4 City-S	i	~ ~ ~ ~ ~ . . .		
FLE \square	DELETE	4. 1 TITLE		9000017	Sa Julien	☐ Addition
AME		4 2 NAME		-03/01/96010 ***200.00	U57U11	
IMEET ACORESS		4.3 STREET	ADDRESS	***E00.0U		
TY - \$1 - 71P	DELETE	4.4 CITY - ST	T-ZIP		Change	- Addison
TLF LJ	EALL IE	5 1 TITLE 5.2 NAME			☐ Change	
TREFT ADDRESS		5.3 STREET	ADDRESS			
1(Y+S*-ZP)		5.4 CITY-S	1			
to the company of the	DELETE	6 1 TITLE			☐ Change	☐ Addition
4ME		6.2 NAME				
TREEL ADDRESS		6.3 STREET	ADDRESS			
ory \$1-20. 14. I do hereby certify that the information supplied with this filing is vo		6 4 CITY - S				

Descrit Daka Scini Director & President 02 - 22-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR