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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

	1996	DIVISION OF	CORPOR	AHQ	DNS				
DOCUN 1. Corporation	MENT # P950	000002356 (0))						
•	NSCRIPTIONS, INC.					E 1880(80) MA (AUR) BUIU BUIU BUIU R	iu 66 10 86 14 (FOLIO IN O O ORE	1
Principal Place o	of Business	Mailing Address							
7740 S.W. 176TH STREET 7740 S.W. 176TH STREET MIAMI FL 33157 MIAMI FL 33157									
						3. Date Incorporated or Qualified 01/04/1995	3a. Da	te of Last Re	eport
2. Principal Place of Business 28. Mailing Address 26						4. FEI Number W-W4636	e.		Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		\$8.75	Additional
2		City 8 Ctata	ļl				<u> </u>		Required
City & State 3		City & State			6. Election Campaign Financing Trust Fund Contribution			O May Be d to Fees	
Zρ	Country	Z _I p Country				8. This corporation has liability for intangible tax under s 199.032,			
4	25 9. Name and Address of Cu	29 rrent Registered Agent	30			Florida Statutes Ye 10. Name and Address of New	s No Registered	Agent	
	**			81	Name	10. 11.		7,5011	
CALIM, LENORE				82	Street Add	ress (P.O. Box Number is Not Accepta	able)		
	V. 176TH STREET								
MIAMI FL 33157				83					
				84	City	City FL 85 Zip Code med corporation submits this statement for the purpose of changing its registered			
SIGNATURE	Stylkature, typical or point of marrie of registrated	Section 607.0505, Florida Statute: apiral and titled approaches (N AND DIRECTORS		Ager	l signature require	ed when renstating) ADDITIONS/CHANGES TO OF	DATE FICERS AN	D DIRECTO	
TITLE	D	☐ DELFTE	1 1 1	HTLE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change	☐ Addition
JMANU	CALIM, LENORE			12 NAME					
STREET ADORESS CHEV-ST-ZIP	7740 S.W. 176TH STREE MIAMI FL 33157	Į.		TREET ITY-S	ADORESS 3. ZIP				
THILF	MINMI I L 00 107	DELETE	2 1 1		1-211			☐ Change	☐ Addition
NAMI			22 N	AME					
STREET ADORESS					ADDRESS				
DITE THE		DELETE	3.17	ITY-S ITLE	1-214			☐ Change	☐ Addition
NAME			3 2 N	AME					
STREET ADDRESS					ADDRESS				
CHY-ST-ZIP.		DELETE	3.4 C 4. 1 T	ITY+S ITLE	T · ZIP			Change	Addition
NAME		_	4.2 N	AME					
STAFF, ADDRESS			4.3 S	TREET	ADDRESS				•
CITY-ST-ZIP TITLE		[] DELETE	4.4 C 5 1 T	ITY-S	T-ZIP			☐ Change	☐ Addition
NAME		[] otter	5 2 N					onango	المالية الم
STREE! ADDRESS			535	TREET	ADDRESS				
CITY - ST - ZIP		⊢ DELETE			T-ZIP			Channa	Addition
TrT(F NAME		DELETE	6.11 62 N					☐ Change	Addition
STREET ADDRESS					ADDRESS				
CHTY-ST-ZIP			64C	ITY-S	it - ZIP				
certify that eatn; that I	the information indicated on this am an officer or director of the o	annual report or supplemental ani	nual report ee empowe	is tru	ie and accur	for the exemption stated in Section 11 ate and that my signature shall have this report as required by Chapter 607,	ne same leg:	al effect as i	if made under

SIGNATURE: Denote Calent LENORE CALIM 1-26-96 305-232-8487

Date Date Description Descript