## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** 



FLORIDA DEPARTMENT OF STATE

ÇOR ANNU	PHOFIT POMATION JAL REPORT 1996			B Mortham ary of State		FILED 96 SEP 19 PM 3: 58	
DOCUI 1. Corporation	MENT # P950	00001220	SECRETARY OF STATE TALLAHASSEE, FLORIDA				
J. FLO	RIAN, CORP.						
Principal Place	e of Business	Mai ing Ado	ress				
IOON WEST	AVE	1000 WEG	F ALFF				
1000 WEST AVE 1000 WEST AVE #901 #901							
MIAMI BEACI	H FL 33139	MIAMI BEA	ICH FL 33131	9		1 2 2	of Last Report
2 Princinal Pl	lace of Business	2a. Mailing A	Address			02/10/1995 4. FEI Number	1 1
21	acc or examined	26	iddi633			65-0555 718.	Applied For Not Applicable
Suite, Apt	#, etc	Suite, Ap	o! #, etc				8.75 Additional
City & State		27 City & St	-1-				Fee Required
23	<del>,</del>	28	ane:			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip		Count	ry	8. This corporation has liability for intangible tax	
24	25	29		30	•••		ło (
	9. Name and Address of C	urrent Registered Age	ent		1 Name	10. Name and Address of New Registered Age	<u>nt</u>
	ORIAN, JUAN						
10 #8	00 WEST AVE			8	2 Street Add	dress (P.O. Box Number is Not Acceptable)	n mengelle ginne termenne.
	AMI BEACH FL 33139			8	3	<u>2000019</u> -10/04/36010	38MB
, IVIN	AMI DEMOTTE 33133			8	4 City	****225.00	on one <del>exsolation fill</del>
				,	1 - 7	operation submits this statement for the purpose of cha	
agent Lai SIGNATURE	m familiar with, and accept the objection by Signature tiped appropriations of the first	obligations of, Section 6	307.0505, Fl	orida Statute	is	non's board of directors. Eneraby accept the appointment when receiving).  ADDITIONS/CHANGES TO OFFICERS AND DIT	
TITLE	PSTD	S A MASS ESTITE CON CONTIG	DELETE	1 1 TILLE	·····	ADDITIONS/CHANGES TO OFFICERS AND DI	Change Addition
NAME	FLORIAN, JUAN			1.2 NAM	:	<b></b>	• 🚨
STREET ADDRESS	1000 WEST AVE #901			+3 STRE	F1 ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139	···	17777777	140114			
THLE			DELETE	2 1 1111.6		L.J	Change Add-bon
NAME CIRCLI ADDRESS				22 NAME			
STREET ADDRESS CITY-ST-ZIP				2 3 STREE	ET ADDRESS		
TITLE			DELETE	31 11116			Change Addition
NAME				3.2 NAME		bJ	- 🗀 📉
STREET ADDRESS				33 STRE	E I ADDRESS		
CHTY-ST-7IP			,	3.4 CITY	S1 ZIP		
THUE		i_	DELETE	4 1 TITLE			Change Add.tion
NAME CIDECT ADDOCCO				4 2 NAM			
STREET ADDRESS City-St-Zip					EL ADORESS		
TITLE			DELFTE	4 4 CITY - 5 1 111 LF			Change Addition
NAME		<b>L</b> .	•	5.2 NAM(			
STREET ADDRESS					FT ADORESS		
CITY-ST-7IP				5.4 CITY			
THLE			DELETE	6 1 TITLE			Change Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STRE	ET ADDRESS	Μ	

City-St-ZiP

14. I do hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutés, I 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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8-5-96 305-888-6561