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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthani Secretary of State

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Corporation		00001220	' (')				
incipal Place	of Business	Mailing Address			a i barrast sia ranar dilit Safiti al	8411 8 8 111 8 8181 11848 1181	118 18 OEHU 1004 11
6125 W. 20TH AVE UNIT 103 6125 W. 20TH AVE UNIT 1 HIALEAH FL 33012 HIALEAH FL 33012							
					3. Date incorporated or Qualified 02/13/1995	3a. Date of Last	Report
Principal Place of Business 2a. Mailing Address			BS S		4. FEI Number	0 ->	Applied For
Suite, Apt. #	#. etc.	26 Suite, Apt. #,	etc		65.058113		Not Applicat
4.0.1017 404.	1 410.	27	, 616.		5. Certificate of Status Desired	1 1	5 Additional Required
City & State		City & State			6. Election Campaign Financing		00 May Be
		28			Trust Fund Contribution		ed to Fees
Z _I p	Country	Ziρ	Coun	try	8. This corporation has liability for		199.032
	25 9. Name and Address of Cu	29 urrent Registered Agent	30		Florida Statutes Yes 10. Name and Address of New F	No No	
		The second second		Name	10, maine and Address of New F	refristeren wäent	
CORPORATION SERVICE COMPANY						· · · · · · · · · · · · · · · · · · ·	
1201 HAYS STREET TALLAHASSEE FL 32301			۱۴	82 Street Address (P.O. Box Number is Not Acceptable)		ole)	
			3	33			
			-	84 City 85 7:0 C		ip Code	
				FL **		ip Code	
or registere	o the provisions of Sections 607. ed agent, or both, in the State of h, and accept the obligations of,	Florida. Such change was a	authorzed by the co	named corpo rporation's boa	ration submits this statement for the pu ard of directors. I hereby accept the app		registered off d agent. I am
familiar with	or agent, or both, in the State of h, and accept the obligations of, Signature types or printed name of registered	Section 607.0505, Florida S	authorized by the co Statutes. #XOIL Registered A	rporation's boa	ard of directors. I hereby accept the app	rpose of changing its ointment as registere	d agent. I am
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