FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000013960 (6)

FILED

Jan 16 1997 8:00am Secretary of State

		Mailing Address P O BOX 170332 HIALEAH FL 33017-0332						
					3. Date Incorporated or Qualified		of Last Re	eport
A Principal F	Place of Business	2a. Mailing Address			02/17/1995 4. FEI Number	U4/U	4/1996	-Und Fac
21 - Tiridiparr	race of promises	26			65-0557544			plied For t Applicable
Suite, Apt	#, etc.	Suite Apt. #, etc.					\$8.75	
22		27			5. Certificate of Status Desired		Fee Re	
City & Stat	te	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added t	
Zip	Country	Z(p	Countr	У	8. This corporation has liability for			199.032,
24	25		30		Florida Statutes 10. Name and Address of New F		No	
	9. Name and Address of Curre	ni Registered Agent	81	Name	10. Name and Address of New P	redisteled W	gent	
	UCK MOGBO, P.A.			T TO THE TOTAL TOT				
	ITE 124		82	Street Add	dress (P.O. Box Number is Not Accept	able)		
	31 N STATE RD 7 UDERHILL FL 33313		83	3				
LAU	DUENNILL PL 33313		<u></u>				·····	
			84	City		FL	85 Zip (Code
SIGNATURE					ation's board of directors. I hereby acc			
SIGNATURE	Signature 1,5 and or printed runne of hope for disp GENOLES AN	persent the dapple son (NOTE ND DIRECTORS	Rugistered Ac		ured when reinstaling) ADDITIONS/CHANGES TO OFF	DATE	DIRECTOR	S IN 12
SIGNATURE	Signature 1,52 due protectionne et septémod au GENCERS AN	per secreted application (NOTE	Hugistered Ag	gent signature requ	uired whon reinstaling)	DATE		S IN 12
SIGNATURE 12. TITLE	Signature type the protections of sopposition of a P IZUNOBI, CELESTINE O	persent the dapple son (NOTE ND DIRECTORS	13. 1.1 TIBLE	gent signature requ	uired whon reinstaling)	DATE	DIRECTOR	S IN 12
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4. I do he eby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 changed, or on an attachment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/97 (305)653-63