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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	REPORT 96	Secretary DIVISION OF CO			
DOCUME 1. Corporation Na	ENT # P950	500 14671			·
CIANA	NA INVESTME	NTS INC.			
Principal Place of Business Mailing Address 2213 E. Atlantic Block.					
4.0.00 4114 A D T 300 E					
Deerfield	33442	TOTAPATE GOT		3. Date Incorporated or Qualified	
2. Principal Place	of Business	2a. Maiting Address		4. FEI Number 45-0557346	Applied For Not Applicable
21 Suite, Apt. #. e	otc.	Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23]	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032.
24	25	29	30	Florida Statutes Yes 10. Name and Address of New Re	No polistered Agent
	9. Name and Address of Curre	nt Registered Agent	B1 Name ✓	LILA CILALCE	
		to the transfer of the transfe	ble) D (A		
		213 E. Atlantic	<u>131vd.</u>		
			les Zio Codo		
_		Δ.,	84 City Po	Mp. Bch	FL 85 Zip Code 33 06 2
11. Pursuant to the previsions of Sections 607 \$502 and \$607.15/8. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida Statutes agent. I am familiar with, and accept the obligations of Sektion 607.0505. Florida Statutes					
office or regi	stered agent or both in the State amiliar with and accept the obline	gations of Sektion 607.0505, Flo	orida Statutes	,	
· SIGNATURE	all typed or printed riams in egyanded		E Registered Agent signature requi	ared when reinstating)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change Addition
DILE F	5	DELETE	1 TITLE 1.2 NAME		C.S
NAME	ANNA CHRISTO 2213 E. Atlant	c Blud.	1.2 MANYE 1.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	Pompano Bch.	7. 33062	1.4 CITY-ST-ZIP		
7 71 7			2 1 TITLE		Change Addition
NAME	ARISTIDIS CHR 2213 E. Atlantic	ilsto	2 2 NAME	,	
STREET ADDRESS	2213 E. Atlanto	2200	2 3 STREET ADDRESS		
CITY - ST - ZIP	comp Bch. FC.	33002	2.4 C/TY - ST - 7/P		Change Addition
NAME (Sence Theor		3 ? NAMÉ		1
STREET ADDRESS	George Theor 2213 E. Atlan Pomp. Bch. F	tic Blud.	3.3 STREET ADDRESS		
CITA ST SID	Pomp. Bch. F	1. 33062	3 4 CITY - ST - ZIP		Change Addition
TITLE	,	DELETE	4 1 THILE 4 2 NAME	തമ്മന വ) ~) ~ <u>]</u> ~
NAME			4.3 STREET ADDRESS	20000179 -04/25/96010	75 (56° 113007
STREET ADDRESS CITY-ST-ZIP			4.4 CITY - ST - ZIP	***200.00	Change Addition
TITLE		DELETE	5 1 TITLE .		C Clange
NAME			5 2 NAME		
STREE* ADDRESS			5.3 STREET ADDRESS		<u> </u>
CITY - S1 - ZIP		DELETE	5 4 CITY - ST - ZIP 6 1 TITLE		Change Addition
TITLE NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP	=		64 CITY - ST - ZIP	ualify for the examplion stated in Socta	on 119.07(3)(k). Florida Statutes. I
14. I do hereby further certi	certify that the information supplify that the information indicated	ol ed with this filing is voluntarily on this annual eport or suppler	rurnished and does not q mental annual report is tru	ualify for the exemption stated in Section and accurate and that my signature pred to execute this report as required	shall have the same legal effect as if by Chapter 607, Florida Statutes; and

made under oath; that I am that my name appears in

SIGNATURE: