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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

SIGNATURE:

NAME SANTE, NATALIE R 12 NAME 13 STREET ADDRESS 221 SW 58 AVENUE 13 STREET ADDRESS 14 CHY-ST-ZIP MIAMI FL 33144 14 CHY-ST-ZIP	DOCUN 1. Corporation	MENT # P950	00031539 (6	3)			
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22 SW 95 AVENUE MAMI FL 33144 MAMI FL 33	B)						
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2. Principal Proce of Business 2a. Mariney Adultrus Mariney Adultrus 2a. Mariney Adultrus Mariney Adultrus 2a. Mariney Adultrus 2a. Mariney Adultru							
Surper S					04/17/1995	3a. Date of Last	Report
Sec. Apt. 4, etc. Sec.		ace of Business			4. FEI Number	>64	
Per Required City & State City & Country Zi		#, etc				\$8.7	-h
28	22		27		5. Certificate of Status Desired		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 607,0000 and 607,1000 finds Statutes. The above registered agent, or both, in the State of Florids. Statutes Statutes. The above registered agent, or both, in the State of Florids. Statutes the above registered agent, or both, in the State of Florids. Statutes. The above registered agent, or both, in the State of Florids. Statutes. The above registered agent, or both, in the State of Florids. Statutes. The above registered agent to the provisions of Sections 607,0000 and above registered agent. Statutes the state of Florids. Statutes the corporation state to the statement for the opporational as registered disputed agent. Tem Statement with and accept the deligination of section 607,0000. Totals Statutes. The above registered agent to the opporational as registered agent. Tem Statement with an advanced the deligination of section 607,0000. Totals Statutes. 12. Of FICE S AND DIRE CLORS. 13. ADDITIONS/O-HANGES TO OF-FICE S AND DIRE CLORS. 14. ADDITIONS/O-HANGES TO OF-FICE S AND DIRE CLORS. 15. FIGURE S	·		⊢ '		"	1 1	,
SANTE, NATALIE R 221 SW 58 AVENUE MIAM FL 33144 182 Sirror Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607 (502) and 607 1508 Florida Statutes. The above ramed corporation sutmits the statement for the purpose of changing its registered agent, or both, in the State of Forida Such change was authorized by the corporation's stored of directors. Therefore accept the appointment as registered agent. I am SIGNATURE SECONATURE System for remarked composition of alignations of Section 607 (600) and a such change was authorized by the corporation's stored of directors. Therefore accept the appointment as registered agent. I am SIGNATURE System for remarked consistency and accept the appointment as registered agent. I am SIGNATURE 12. OF ICCEPS AND DIRECTORS. 13. ADDITIONS/GHANGES TO CHICKES AND DIRECTORS IN 12. THE SANTE, NATALIE R 21 SW 58 AVENUE 13 SWIFT ADDRESS SANTE, NIGUEL A 22 SW 58 AVENUE 13 SWIFT ADDRESS 14 COPY. ST. 2P MIAMI FL 33144 15 SWIFT ADDRESS 16 SWIFT ADDRESS 16 SWIFT ADDRESS 17 SWIFT ADDRESS 18 SWIFT ADDR	-	25	29	- · · ·	Florida Statutes 📝 Yes	□No	s 199.032,
SANTE, NATALIE R 221 SW 56 AVENUE MIAMI FL 33144 60		9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Re	gistered Agent	
221 SW 58 AVENUE MIAMI FL 33144 86 Orly FL 85 Zip Code 11. Pursuant to the provisions of Sections 602.0502 and 602.1508. Florida Statules, the phose names december to registered agent, or both, in the Statule of Facials Such change was unhorized by the corporation's trend of declars. Phoretry accept the appointment of segistered agent, and accept the deplantion with facial statules. SIGNATURE Synchia territorian complete agent in a provision of Section 607.0505. Florida Statules in the phose names of declars. Phoretry accept the appointment as registered agent, a minimum to registered agent, and accept the appointment as registered agent, a minimum to registered agent. I am SIGNATURE SIGNATURE PD STATE, NATALIE R 12. Of FICEHS AND DIRECTORS 13. ADDITIONS/GHANGES TO OFFICEHS AND DIRECTORS IN 12 14. City ST. 2P MAME FL 33144 11. City ST. 2P MAMI FL 33144 11. City ST. 2P MIAMI FL 33144 11. City ST. 2P MIAMI FL 33144 12. City ST. 2P MIAMI FL 33144 13. SIRECT ADDRESS CITY ST. 2P MIAMI FL 33144 14. City ST. 2P MIAMI FL 33144 15. City ST. 2P MIAMI FL 33144 16. City ST. 2P MIAMI FL 33144 16. City ST. 2P MIAMI FL 33144 16. City ST. 2P MIAMI FL 33144 17. City ST. 2P MIAMI FL 33144 18. City ST. 2P MIAMI FL 33144 19. City ST. 2P MIAMI FL 33144	CANTE	MATALIE D		Bit Name			
MIAMI FL 33144				B2 Street Add	ress (P.O. Box Number is Not Acceptable	2)	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above centred corporation submits this statement for the purpose of changing its registered option or registered agent, or both, in the State of Florida Such change was authorized by the corporation's broard of directors. I hereby accept the appointment as registered agent. I am familiar with an accept the obligations of Sections 607.0505 [State 64 Energy State 64 Energy				83			
### Provisions of Sections 647.06:02 and 602.1508 Florids Statutes, this phase remail discretions statement for the purpose of changing its registered off corresponded agent, or both, in the State of Farmas. Such change was authorized by the corporation's board of decisions. Hereafty accept the experiment as registered agent, and accept the obligations of Section 607.06.07. Florids statutes. ### PO	***************************************			94 69		1221	
Or registered agent, or both, in the state of Florida Sizen (17 page vest authorized by the corporation's brand of directors. I horeby accept the appointment as registered agent. I am familiar within and accept the displations of Science (17 policy Science (17				- '		FLII	
Symbol Profession Change Change Change Change Addition	or registere	ed agent, or both, in the State of Fic	inda. Such change was authoriz	ed by the corporation's boa	ration submits this statement for the purp and of directors. Thereby accept the appo	ose of changing its intraent as register	s registered office ed agent. I am
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14. I do hereby certly that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this arguer 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 office or director of trig expendium 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 originged (x or arbeitachpoint with an address.)	certify that to oath: that i	the information indicated on this and am an officer or director of the eon	uusi report or supplemental anno Jou upo or the receiver or trustes	shed and does not qualify that report is true and accurate the conference of the exercise the conference of the conference of the exercise the conference of	ite and that my signature shall have the s	ame lenal effect as	if made under

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SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR