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

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

COLUCION CITOR
ANNUAL REPORT
4000

1996

i. Corporatio	n Name		E CORP.	UU	32382 (5)	)								
Principal Place	e of Business	3		Mailing Address					LEADHANDE HA LOIDT RINIT BANK DA	HE COLL IN BEHALF	AMO HIGO			
6430 S.W. 188TH AVE. FT. LAUDERDALE FL 33332			•	6430 S.W. 188TH AVE. FT. LAUDERDALE FL 33332										
										<ol> <li>Date Incorporated or Qualified 04/26/1995</li> </ol>	3a. Da	e of La	st Re	eport
	lace of Busin	ess		2a.	Mailing Address				·	4. FEI Number		Т	1	Applied For
21 Puito Act	cipal Place of Business e, Apt. #, etc.  8 State  Country 25  9. Name and Address of Curro  OHEN, MARK D ESQ. MERALD HILLS EXECUTIVE PLAZA TO  51 SHERIDAN STREET, SUITE 300  OLLYWOOD FL 33021  registered agent, or both, in the State of Fichillar with, and accept the obligations of, Se  TURE  Signature typed or purited name of registered age.  OFFICERS A			26						65-0610	382			Vot Applicable
22				Suite, Apt. #, etc.						5. Certificate of Status Desired		\$8	.75 -ee l	Additional Required
City & State					City & State					6. Election Campaign Financing	·			D May Be
23				28						Trust Fund Contribution		A	ddec	to Fees
├──┐			Country	Zip 30			Country			8. This corporation has liability fo		ax unde	er s	199.032,
24	9. Name		Address of Current		tered Agent	30				Florida Statutes Ye  10. Name and Address of New	s No Registered	Agent		<del></del>
							81	l N	lame		· iogiotorou	Agent		
							82	-5	treet Addir	ess (P.O. Box Number is Not Accepta	hla)			
				0				Ĺ		and the state of t				
							83							
HULLTY	YOOD FL 3	302	1				84	c	ity			85	Ζıρ	Code
11. Pursuant t	to the provisi	ons o	of Sections 607,0502	and 60	7.1508. Florida Statute	s the	ahove-r	L_	ed comor	ation submits this statement for the n	FL.	= ]	ito re	naintarnal office
						d by	the corp	ora	tion's boar	d of directors. I hereby accept the ap	pointment a	anging s registe	ered	agent. I am
SIGNATURE	. ,				oodo, monda ottiloida.									
12.	Signature typed	or part						¹ s <sub>id</sub>	nature required	d when reinstating"	DATE			
TITLE	D		OFFICERS AND	DIREC	DELETE		13.		т	ADDITIONS/CHANGES TO OF				
NAME	FREEM	AN. 1	WAYNE		L) betere		1.2 NAME					Chan	ige	Addition
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CITY-ST-ZIP	FT. LAU	IDEF	DALE FL 33332			- 1	14 CITY-S		- 1					
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NAME					_		4 2 NAME				,		a.	
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TITLE NAME					T neerit		6 1 TITLE				[	Chan	ge	☐ Addition
STREET ADDRESS							6.2 NAME	KON	2=00					
CITY-SI-ZIP							6 3 STREET 6 4 City-s:							
								. 611						

14. I do hereby certify 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: D

MONATURE IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR