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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE Sandra B. Morthani

Secretary of State
DIVISION OF CORPORATIONS

1996

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Principal Place of Business Mailing Address								†					4file
141 N.E. 3F	RDAVE.			THE NE SRD AVE									
#S-205 MIAMI FL 33132				# S-205 MIAMP FL 39132									
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	9. Name a	nd Address of Curr	ent Registered	d Agent	· · · · · · · · · ·			10. Name a	nd Addres	s SFIN W F		Agent	
						81 Name							
	82 Street Address								lumber is No	ot Acceptal	10)	1-4-10	<u></u>
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11. Pursuant t	to the provision	s of Sections 607.0%	02 and 607 150	18 Elorida Stati	ites the ob	11 (MITH	Mi			FL	1	- 27
or register	red agent, or bo	ns of Sections 607.05 oth, in the State of Flo the obligations of, Se	orida. Such char	nge was authori	ized by the	corporation's	s board	of directors T	hereby acce	i for the pu ept the app	rpose of cr oigtment a	iánging its i Prégistered	registered office d agent. I am
SIGNATURE		and beligations of, de	2000.1001.0000	, Florida Statute	35.	_					l	0	
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14. I do hereby	y certify that the	e information supplied	l with this filing i	is voluntarily fun	nished and	does not qua	alify for t	ho exemption	stated in Sc	ection 119.	07(3)(k), Fic	rida Statut	es. I further

4. 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)(x). 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:

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

31/96

305-373-6211 Daylin o Phone