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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # **P95000041896** (8)

1. Corporation	n Name			,	i			
68TH S	STREET, CORP.							
Principal Place	of Business	Ma	ailing Address	·				
2098 NW 20TH STREET STE 9 A3990 NW 20TH STREET STE 47 MIAMI FL 33142								
					3. Date Incorporated or Oua 05/24/1995	lified 3a. Da	te of Last R	leport
	ace of Business	2a.	Mailing Address		4 FEI Number			Applied For
21	U _1_	26		· W 2057	<i>15-05857</i>	<u> 25~ </u>		Not Applicable
Suite, Apt. :	π, etc.	27	Suite, # pl., #, eter		5. Certificate of Status Desire	ed 🔲		Additional
City & State)		City & State		Election Campaign Finance	ina		Required
23		28	MIAMI	FL.	Trust Fund Contribution	"" ⁹ 🔲		O May Be d to Fees
Zip	Country		Zip	Country	8. This corporation has liabile	ty for intangible		
24	25	29	33142	130 US.H	Florida Statutes	Yes No.		
	9. Name and Address of Cur	rent Regist	erea Agent	81 Name	10. Name and Address of N	lew Registered	Agent	
MERCHA	ANT MEHROOR A	TAMBOOB A.	MERS	HAN'	T i			
MERCHANT, MEHBOOB A 2098 NW 20TH STREET STE 9					dress (P.O. Box Number is Not Acc	eptable)	7 10 -10	
MIAMI FL 33142				83	1 4 5	<u> </u>		
				84 City •	1 4 2.		T	
					liami	FI	_ 85 Zip	. S. L. 2
11. Pursuant to or registere	o the provisions of Sections 607.0	502 and 607 lorida, Such	.1508, Florida Statute	es, the above-named corp	oration submits this statement for the bard of directors. I hereby accept the	ne purpose of cl	anging its r	egistered office
familiar wit	and accept the digations of, S	ection 607.0	505, Florida Statutes		and or oneotors, thereby accept the	з арронинели а	s registered	ageni. i am
SIGNATURE _	Signaxire typod or programme of registered a	YERGI	YAJU7	TE. Flegistered Agent signature requ		4.7	Z-91	?
12.		AND DIRECT		13.	ADDITIONS/CHANGES TO	DATE		
TITLE	ال ا		☐ DELETE	1. 1 TITLE			Change	Addition
NAME	AGUDELO, NELSON			1.2 NAME				
STREET ADORESS	2098 NW 20TH STREET S	LE 8		1.3 STREET ADDRESS				
CITY - ST - ZIP	MIAMI FL 33142		DELETE	1.4 CITY - ST - ZIF				
NAME	D Merchant, Mahboob A		DELETE	2. 1 TITLE			☐ Change	☐ Addition
STREET ADDRESS	2098 NW 20TH STREET S	re a		2.2 NAME				
CITY ST-ZIP	MIAMI FL 33142	IL 8		2.3 STREET ADDRESS 2.4 City-St-Zip				
TILE	INDUM 1 E GOT 1E		DELETE	3 1 TITLE			Change	Addition
NAME				3 2 NAME				
STREFT ADDRESS				3.3. STREET ADDRESS				
CITY-SI-ZIP				3.4 CITY - ST - ZIP				
TULF			DELETE	4. 1. TiTLE			☐ Change	☐ Addition
NAME				4 2 NAME				
STREET ADDRESS				4 3 STREET ADDRESS				
CITY-ST-ZIP TITLE			☐ DELETE	4 4 CITY - ST - ZIP				
NAME			m pereie	5 1 TITLE			☐ Change	Addition
STREET ADDRESS				5 2 NAME 5 3 STREET ADDRESS				
CITY-ST-ZIP				5 4 CITY - ST - ZIP				
1)1LE			DELETE	6. 1 TITLE			Change	Addition
NAME				62 NAME	4			
STREET ADDRESS				6.3 STREET ADDRESS				
CHTY ST. 7IP				CARITY OF TIP				

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 in paged, or on an attachment with an address.

SIGNATUR∉:

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96 305-326-13c0