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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000046491 (3)

SYNCRONICS, INC.

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DOCUMENT #
1. Corporation Name

Mailing Address



Principal Place	of Business	Mailing Address			ı inaiları ile ifildi fi	ins music majer d'actra	INITIAL DIN TILLE	# 10 16 101 1101 10 EL
11720 SW 104 AVE MIAMI FL 33176			11720 SW 104 AVE MIAMI FL 33176					
					3. Date incorporated or (06/15/1995	Qualified 3a.	Date of Last F	Report
2. Principal Pla	ace of Business	2a. Mailing Addre	ess		4. FEI Number			Applied For
1		26			165-01924	191		Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt #,	, etc.		5. Certificate of Status D	Desired	•	5 Additional Required
City & State		City & State			6. Election Campaign Fin	nancino		00 May Be
3		28			Trust Fund Contribution			ed to Fees
Zip Til	Country	Zip	Count	try	8. This corporation has li	ability or intangit	ble tax under s	199.032,
4	25 25	29	30		Florida Statutes	Yes N		
	9. Name and Address of C	Jurielli Hegistered Agent		Name	10. Name and Address	of New Registe	red Agent	-
MEDALA	400F4 4114 14		•	Iname				
	ARREA, ANA M		82 Street Add		ddress (P.O. Box Number is Not Acceptable)			
MIAMI FL	W 104 AVE		83					
MIAMI P	L 301/0							
			8	4 City			FL 85 Z	p Code
111 1 0 300 111 10		é Florida. Such chango was s		rocealion to be a	ard of directors. Thereby accep	t the secontors	nt as renisterer	Lagent Lan
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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 or the second or this receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

PED OR PRINTED NAME OF SIGNING OFFICER OR IRECTOR

SIGNATURE:

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