SECOND NOTICE: CORPORATION WILL AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF D	BE DISSOLVED ON OR AFTER A	AUGUST 7, 1996.		
PROFIT CORPORATION ANNUAL REPORT	FLORIDA DEPAHI Sandra B. Secretary DIVISION OF CO	Mortham y of State		
	00050742 (2) as, inc.			TRIL BANG ANN ANN ANN IBAN ANN WALIAN
Principa! Place of Business Mailing Address P.O. BOX 25775 FT LAUDERDALE FL 33320 Mailing Address P.O. BOX 25775 FT LAUDERDALE FL 33320				
			3. Date Incorporated or Qualified 06/28/1995	3a. Date of Last Report
Principal Place of Business One of Business	2a. Mailing Address		4. FEI Number 65-6188878	Applied For Not Applicable
Suite, Apt #, etc	Suite, Apt. #, otc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	Country	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 25 9. Name and Address of Cur		Country 30	This corporation has liability for Elorida Statutes Name and Address of New Re	Yes 🔣 No
HURIASH, SOLOMON 7154 N. UNIVERSITY DRIVE SUITE 126 TAMARAC FL 33321 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83				FL 85 Zip Code
Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Stragent Tam familiar with, and accept the ob- SIGNATURE Signature Typed or printed name of registered.	ate of Florida. Such change was au ligations of, Section 607.0505, Flori	thorized by the corporation	on's board of directors. I hereby accept	urpose of changing its registered the appointment as registered
12. OFFICERS TILLE PRESIDENT NAME SOLOMON HUR	AND DIRECTORS DELETE AND DELETE	13. 11 HILE 12 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12 Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NEME STREET ADDRESS	3321 DELETE	1 4 CITY - ST - ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	2 4 CITY - ST - ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	4 1 TIFLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY - ST - ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELÉTÉ	51 TITLE 52 NAME 53 STREET ADDRESS 54 CVTY - ST - ZIP		Addition Addition
LE DELETE ME REET ADDRESS (Y - S1 - ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	000018928€9 ^{mge} □ Addition -07/15/9601002045 ***225.00	
14. 1 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 1 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 it 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 617, Fiorida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address SIGNATURE: SIGNATURE: SIGNATURE SIGNATU				
SIGNATURE AND TYPEDIOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT				