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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9500052267 (8)

LINITED FOR POSITIVE ACTION OF DADE COUNTY, INC.

FILED May 09 1997 8:00am Secretary of State

		DADE COUNTY, IN	·····		
Principal Plac		Mailing Address			naimt mitte sabem tillig Estet 1881 1891
1975 NORTH WEST 179TH STREET MIAMI FL 33056		1975 NORTH WEST 1797 MIAMI FL 33056-3830	TH STREET		
				3. Date Incorporated or Qualified 07/07/1995	3a. Date of Last Report 07/22/1996
2. Principal P	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
1 1975	NW 179_ST	26 1 9 7 5 NW 1 Suite, Apt. #, etc.	79 ST	65-0619549	Not Applicabl
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e e	City & State		6. Election Campaign Financing	\$5.00 May Be
MIAMI, FLORIDA		28 MIAMI, FL	ORIDA	Trust Fund Contribution	Added to Fees
Zip Slaa∧c	Country	Zip	Country	6. This corporation has liability for in	· · ·
24 3305	6 25 DADE g. Name and Address of Curren	29 33056	30 DADE	Florida Statutes 10. Name and Address of New Reg	Yes No
		it nodistalog vialit	81 Name	10, Hanne Blid Addiess of Note Hel	heroten villatit
	INSON, EDWARD J		1 - 1 - 1 - 1	DWARD J ROBINSON dress (P.O. Box Number is Not Acceptable	,
	NORTH WEST 179TH STREET		11.		e)
MIAI	MI FL 33056		83	975 NW 179 ST	
	•		84 City	IIAMI	FL 85 Zip Code
4.4 Directions	to the previous of Sections 607 050	2 and 607 1509 Elorida Stat	tutes the above named co	royation submits this statement for the n	urpose of changing its (Agistera)
11, ruisuau	to the fucialities or pechalis obcions	iz ana var. 1300, nona giai			hoose or criminalising us registered
office or i	registered agent, or both, in the State	of Florida. Such change wa	is authorized by the corpor	ation's board of directors. I hereby accep	t the appointment as registered
office or i agent 1 a	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change wa ations of, Sostion 607.0505,	as authorized by the corport Florida Batutes.	rporation submits this statement for the pration's board of directors. I hereby accep	the appointment as registered.
office or a agent 1 a SIGNATURE	registered agent, or both, in the State im familiar with, and accept the obligate EDWARD J. ROBINSC	of Florida. Such change wa ations of, Sostion 607.0505, ON.	20 110 m	v40107/	07///
SIGNATURE	EDWARD J. ROBINSC Signature typed or philled name of registered age	ON CALLO (Note and title if approache (N	IOTE Physistered Agent signature requ	uired when reinstating)	DATE
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SIGNATURE 12. III.E	EDWARD J. ROBINSC Signorus typed or punited name of registered age OFFICERS ANI PD	on and tile if applicable (N D DIRECTORS	IOTE Bygistered Agent signature requ	uired when reinstating)	ERS AND DIRECTORS IN 12
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4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; 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: EDWARD NOTIFE BORINSON SON

Marinsono 4/24/97 (305) 625-