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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

P95000056304 (5)

DOCUMENT #

MELANIE R. NEZER, P.A.

Principal Place of Business

Mailing Address



4464 41341						
1481 N.W. Miami Fl	NO. RIVER DRIVE 33125	1481 N.W. NO. MIAMI FL 3312				
				3. Date Incorporated or 07/19/1995	Qualified 3a. Date of La	ast Report
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number		Applied For
1		26		65-061	7043	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	D.	5. Certificate of Status I	Desired	3.75 Additional
2		27		3. Certificate di Statos t	yes⊪ed □	Fee Required
City & State	9	City & State		6. Election Campaign F		5.00 May Be
3		28		Trust Fund Contribut	ion U ,	Added to Fees
Zip	Country	Zipi	Country	•	liability for intangible tax und	ders 199.032,
ī	25	29	30	Florida Statutes	Yes Mo	
	9. Name and Address of Cur	rrent Registered Agent		10. Name and Address	of New Registered Agen	t
2-17-2			81 1	lame		
NEZE	R, MELANIE R		82 S	treet Address (P.O. Box Number is No	nt Acceptable)	
	S.W. 69TH AVENUE			, oo 1, add 000 f. 10. 20 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
	I FL 33143		83			
***************************************	, , , , , , , , , , , , , , , , , , , ,		201		Too Too	Zip Code
			84 0	lity	FL ⁸⁵	Zip Code
11 Pure iant	to the provisions of Sections 607.0	1502 and 607.1508. Floreda S	tatutes, the above nan	ned corporation submits this statement	for the purpose of changing	g its registered office
or redister	red agent, or both, in the State of F	Florida, Such change was auf	thorized by the corpora	tion's board of directors. I hereby acce	ept the appointment as regis	stered agent. Fam
familiar wi	ith, and accept the obligations of, 5	Section 607.0505, Florida Sta	iiutes.			
SIGNATURE	Signature, typind or printed name of registered a	a post and the diam's while	(NOT): Reviewed Appet Sig	puting required when revisitating)	DATE	
12.		AND DIRECTORS	13.		ES TO OFFICERS AND DIR	ECTORS IN 12
III.E	D	DELETE	1, 1 TITLE	President	☐ Ch	ange Addition
NAME	NEZER, MELANIE R		1.2 NAME	Nezer, Helan 6790 SW 69 Miami Fu	ie R	
	6780 S.W. 69TH AVENU	IF	1.3 STREET ADI	Neter, Heter	And.	
STREET ADDRESS		,_	1.4 CiTY - ST - Z	6790 300	33143	
	BAIDBAI ET 33143					
	MIAMI FL 33143	E DELETE			F∏ Ch	range
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TITLE NAME	MIAMI FL 33143	☐ DELETE	2. 1 TITLE 2 2 NAME 2 3 STREET AD	DRESS .	cr	ange 🗌 Addition
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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)(k), Florida Statutes, Fluriner 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

MULANDES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 17 1996 305 325

CR2E034 (12/95)