FILE NOW: FILING FEE A PROFIT CORPORATION ANNUAL REPORT 1996		IG FEE AFTE	TER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS					
1. Corporation	MENT # F	950000(, INC.	60626 (5)				
Principal Place 3920 NE 34		Mai	ling Address			1 40011000 JUN 40101 01411 001	IE ODALI DOILD OILI DUILD O	ITAN 18010 0111 1011
	BEACH FL 33064	3920 NE 3RD AVE POMPANO BEACH	FL 33064					
						3. Date Incorporated or Qualified 08/07/1995	3a. Date of Last Re	eport
2. Principal Pla	ace of Business	2a. 26	Mailing Address			4. FEI Number 65-06362		Applied For Not Applicable
Suite, Apt. #	#, etc.	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional
22 City & State 23			City & State			 Election Campaign Financing Trust Fund Contribution 	⊳ \$5.0	Required 0 May Be d to Fees
Zip	Country		Zip Country			8. This corporation has liability for in	itangible tax under s	
24	25 9. Name and Addre	29 ss of Current Registe	ered Agent	30		Florida Statutes Yes 10. Name and Address of New Re		
SOERODIMEDJO, RAY 3920 NE 3RD AVE POMPANO BEACH FL 33064					81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83			
					84 City		FL 85 Zir	Code
SIGNATURE	Signature, typed or printed name r	of registered agent and title it ag	oncable (N	OTE: Registered	ve-named corpor corporation's boar Agent signature requires		DATE	
12 . Title	PD	FFICERS AND DIRECT	DELETE	13, 1.1 T	ITLE	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTO	RS IN 12
NAME	SOERODIMEDJO			1.2 N	AME			RS IN 12 Mddilion 15/062
STREET ADDRESS	3920 NE 3RD A POMPANO BEA				IREFT ADDRESS			12E0
TITLE			DELETE	2 11			Change	Addition O
NAME STREET ADDRESS				2.2 N 2 3 S	AME IREET ADDRESS			
CITY-ST-ZIP TITLE	l		DELETE	24C 3.1T	TY-ST-ZIP ITLE		Change	Addition
NAME			-	3.2 N			E susida	
STREET ADDRESS					TREET ADDRESS			
TITLE			DELETE	4.1 1			Change	Addition
				4.2 N				
STREET ADDRESS CITY-S1-ZIP					TREET ADDRESS			
TITLE			DELETE	511		1986 / 1 Kati	Change	Addition
				5.2 N				
STREET ADDRESS CITY - ST - ZIP					IREET ADDRESS			
TITLE			DELETE	54U 6.17	TY-ST-ZIP ITLE		Change	Addition
NAME : :				6.2 N	1			
STREET ADDRESS CITY-ST-ZIP					REET ADORESS			
14. I do hereby	L y certify that the informat	ion supplied with this fi	ling is voluntarily fur	nished and	TY-ST-ZIP does not qualify fo	or the exemption stated in Section 119.0	7(3)(k), Florida Statut	es. I further
		I OFFITIS BUILDED RECOT	OF SUDORINENIALAM	NEED FOR COLL	s true and accura	is and that my signature shall have the s s report as required by Chapter 607, Flo	ame lengt ettert ar if	mada undor
SIGNAT	URE: THE	AND THREE OR PRINTED N	AME OF SIGNING OFFIC	CERO	pineojo	05.09.96	(954)q	43-1634