ANNUÀ	ORATION LL REPORT 99 6		FLORIDA DEPARTMEN Sandra B. Morti Secretary of St DIVISION OF CORPC	nam ațe "					
Corporation	No no	9500006118	4						
POLLYWA,	Y CORPORAT	TION							
rincipal Place o	f Business	Mai	ling Address						
1600 NW 79th STREET MIAMI, FL. 33147					DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 3a. Date of Last Report				
					8/8/95 4. FEI Number		<u> </u>	Applied Fo	or
Principal Plac	e of Business	F ***1	Mailing Address		65-059773	1	-	Not Applic	
Suite, Apt. #,	, etc.	26	Suite, Apt. #, etc.		5. Certificate of Status		, , , , , ,	.75 Addition	
Crty & State		 	City & State		6. Election Campaign Trust Fund Contribu	inancing	\$	5.00 May B	le
Zip	h-m-n	r	· '	Country	8. This corporation ha	s fiability for i	intangible tax und	ler S. 199.032	₽,
	25 Name and At	29 ddress of Current Regist	ered Agent		10. Name and Addres			t	
6341 SV	THOMPSON 34th CT	··-			ddress (P.O. Box Number is N	ot Acceptat	(કોલ		
PILKAPIA	K, FL. 330	23							
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gr registere familiar with		Sections 607.0502 and 60 in the State of Florida, Such obligations of, Section 607.	0505, Florida Statutes.	84 City ahove-named control corporation's	rporation submits this stateme board of directors. I hereby ac	nt for the pu cept the app	FL	n ite registerer	d of am
or registers familiar with	ed agent, or both, in h, and accept the d	boligations of Section 607.	0505, Florida Statutes.	84 Gity		· · · · · · · //	rpose of changing pointment as regis	g its registered tored agent. I	2
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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 logal effect as if made under 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 logal effect as if made under certify 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, Flonda Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE BUT THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRONDED THOMBS ON

4/2/96 305 693-1578