## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

| Superior Act   |   |                               | # <b>P95(</b> .ogies group                          |                            | 73442                                | (2)                   | ı           |                                  |                  |  |            |                                     |                              |
|--|---|-------------------------------|---|----------------------------|--------------------------------------|-----------------------|-------------|----------------------------------|------------------|--|------------|-------------------------------------|------------------------------|
| SSO SW 10TH TERRACE MAMN FL 33174  ***SERIES AND THE TERRACE MAMN FL 33174  ***Process Flace of Such Reset   2a. Making Address   2b. M |   |                               |   |                            | 7 1                                  |                       | ·           |                                  |                  |  |            |                                     |                              |
| MIAM FL 33174  | Principal Place of Business Mailing Address |                               |   |                            |                                      |                       |             |                                  |                  | r anninket ein inner mill kater Meis                                   |            | TEL P <b>HOUN I</b> IRAL <b>W</b> E | (811 <b>91919 1</b> 181 1881 |
| Application      |   |                               |   |                            |                                      |                       |             |                                  |                  |  |            |                                     |                              |
| Suite, Apt. 4, etc.    |   |                               |   |                            |                                      |                       |             | 09/21/1995                       |                  |  | Report     |                                     |                              |
| Supplication   Status   Supplication   S   | h   |                               |   |                            |                                      | ¬ '''                 |             |                                  |                  | 1                                | <b>4</b> 1 |                                     |                              |
| 27   |   |                               |   |                            |                                      |                       |             |                                  | 05-061085        | >1   | <u> </u>   | Not Applicable                      |                              |
| Section Commission   Sections   Section (Section Commission   Section Section (Section Commission   Section Section (Section Section   |   | ,                             |   | 27                         | 7                                    |                       |             | 5. Certificate of Status Desired |                  |  |            |                                     |                              |
| 20   | City & State                                |                               |   |                            | <del></del>                          |                       |             |                                  |                  | 55.00 May Be   |            |                                     |                              |
| NOA, ALBERTO   9830 SW 10TH TERRACE   MIAMI FL 33174   |   |                               |   |                            |                                      | 30                    |             |                                  |                  | 8. This corporation has liability for intangible tax under s. 199.032, |            |                                     |                              |
| NOA, ALBERTO   9830 SW 10TH TERRACE   MAMIFE 3174  |   | 9. Name                       | and Address of Cu                                   | rrent Regi                 | istered Agent                        |                       |             |                                  |                  | 10. Name and Address of New R  | egister    | ed Agent                            |                              |
| 9630 SW 10TH TERRACE   164    165     |   |                               |   |                            |                                      |                       | 81          | ١                                | Vame             |  |            |                                     |                              |
| MAMI FL 33174  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Finds Statutes, the elbover named corporation submits the statement for the purpose of changing its registered of farming with, and accept the obligations of, Section 607 0505, Florida Statutes, the elbover named corporation submits the statement for the purpose of changing its registered of farming with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  SIGNATURE  D  |   |                               |   |                            |                                      |                       |             |                                  | Street Addre     | ess (P.O. Box Number is Not Acceptable)                                |            |                                     |                              |
| THE PURSUANT TO the provisions of Sections 607.0502 and 607.1508. Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am state of the provisions of Section 607.0502, Period Statutes.  SIGNATURE  THE OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  OFFICERS AND DIRECTORS 1.1 THE OFFICERS AND DIRECTORS IN 12  THE OFFICERS AND DIRECTORS 1.1 THE OFFICERS AND DIRECTORS IN 12  THE OFFICERS AND DIRECTORS 1.2 THE OFFICERS AND DIRECTORS IN 12  THE OFFICERS AND DIRECTORS 1.3 STATE ADDRESS 1.3 S |   |                               |   |                            |                                      |                       |             |                                  |                  |  |            |                                     |                              |
| 11. Pursuant to the provisions of Sections 607.0502 and 602.1508, Florida Statutes, the above named corporation submits the statement for the purpose of change was authorized by the conjunation's board of directors. I hereby accept the appointment as registered agent, I am with, and accept the obligations of Section 607.0505, Floridas Statutes.    SIGNATUFE    Syndrow treation preted conformation (Section 607.0505, Floridas Statutes)  | MAMI  | FL 331/4                      |   |                            |                                      |                       | 63          |                                  |                  |  |            |                                     |                              |
| SIGNATURE  |   |                               |   |                            |                                      |                       | 84          | C                                | Dity             |  |            | 85 7                                | 'ip Code                     |
| SIGNATURE  | 11. Pursuant                                | to the provisi                | ions of Sections 607.0                              | 0502 and 6                 | 07.1508, Florida                     | Statutes,             | the above-r | าลา                              | ned corpora      | ation submits this statement for the pur                               | pose of    | changing its                        | registered office            |
| SIGNATURE  | or register<br>familiar wi                  | red agent, or<br>th, and acce | both, in the State of I<br>pt the obligations of, I | Florida Sud<br>Section 607 | ch change was a<br>7.0505. Florida S | uthorized<br>tatutes. | by the corp | ora                              | ition's board    | d of directors. I hereby accept the appo                               | pintment   | as registere                        | d agent. I am                |
| Street Appress   Stre   |   |                               |   |                            |                                      |                       |             |                                  |                  |  |            |                                     |                              |
| Title  |   | Skynature typed               |   |                            |                                      | (701) 6               |             | l 5 y                            | jnature required |  |            |                                     |                              |
| NOA, ALBERTO   12 NAME   13 STREET ADDRESS   13 STREET ADDRESS   14 COTY - ST - ZIP  |   | 1 n                           | OFFICERS  | AND DIRE                   |                                      | rc                    | -           |                                  | <sub>F</sub>     | ADDITIONS/CHANGES TO OFFI  | CFRS A     |                                     |                              |
| SHEFT ADDRESS   SW 10TH TERRACE   13 STREET ADDRESS   14 CHY-ST-ZIP  |   | _                             | NI DEOTO  |                            | ب الديد                              | 1.                    |             |                                  |                  |  |            | Change                              | L] Addition                  |
| MIAMI FL 33174   |   |                               |   | =                          |                                      |                       |             | <b>≜</b> Dr                      | natec            |  |            |                                     |                              |
| DELETE   DELETE   Change   Addition  |   | 1                             |   | -                          |                                      |                       | 1           |                                  |                  |  |            |                                     |                              |
| NAME   SPRET ADDRESS   SPRET   |   |                               | ,   |                            | DELEI                                | TE                    | -           | 1-21                             | <u>"</u>         |  |            | [] Change                           | Add tion                     |
| STREET ADDRESS   STREET ADDRESS   CHY-SI-ZIP   MIAMI FL 33174  | NAME  | GROSS                         | S. RITA M   |                            |                                      |                       | 22 NAME     |                                  |                  |  |            |                                     |                              |
| DELETE   | STREET ADDRESS                              |                               |   | :                          |                                      |                       | 2 3 STREET  | ADE                              | DRESS            |  |            |                                     |                              |
| NAME   | CITY-ST-ZIP                                 | MIAMI                         | FL 33174  |                            |                                      |                       | 24 CITY-S   | F - ZI                           | IF.              |  |            |                                     |                              |
| STREET ADDRESS   33 STREET ADDRESS   34 CITY - ST - ZIP  |   |                               |   |                            | ☐ DELFI                              | TE.                   | 3 1 TIFLE   |                                  |                  |  |            | Change                              | Addition                     |
| STREET ADDRESS   STRE   |   | 1                             |   |                            |                                      |                       | 3 2 NAME    |                                  |                  |  |            |                                     |                              |
| TITLE  |   |                               |   |                            |                                      |                       | 3.3 STREET  | AD:                              | DRESS            |  |            |                                     |                              |
| NAME   |   | <del> </del>                  |   |                            | רדו חניני                            |                       |             | T - ZI                           | P                |  |            |                                     |                              |
| STREET ADDRESS   |   |                               |   |                            |                                      | L                     |             |                                  |                  |  |            | L Change                            | Addition                     |
| CITY-ST-ZIP  |   |                               |   |                            |                                      |                       | i i         | a nie                            | accec            |  |            |                                     |                              |
| TILE         DELETE         5.1 TITLE         Change         Addition           NAME         52 NAMC   |   |                               |   |                            |                                      |                       |             |                                  |                  |  |            |                                     |                              |
| NAME         5.2 NAMC           SIREFI ADDRESS         5.3 SIREFI ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         ☐ DELETE         6.1 TITLE           NAME         6.2 NAME           STHEET ADDRESS         6.3 STREFI ADDRESS   | <del></del>                                 | †- <del>-</del>               |   |                            | ☐ DELET                              | E                     | •           | - 41                             | ··-              |  |            | Channe                              | Addition                     |
| STREET ADDRESS   | NAME  |                               |   |                            | _                                    |                       |             |                                  |                  |  |            |                                     |                              |
| CITY-ST-ZIP  | STREET ADDRESS                              |                               |   |                            |                                      |                       |             | ADĐ                              | DRESS            |  |            |                                     |                              |
| TITLE         DELETE         6 1 TITLE         Change Addition           NAME         62 NAME           STHEET ADDRESS         63 STREET ADDRESS   | CITY-ST-ZIP                                 |                               |   |                            |                                      |                       |             |                                  |                  |  |            |                                     |                              |
| STHEET ADDRESS 6.3 STREET ADDRESS  | III.E                                       |                               |   |                            | ☐ DELET                              | E                     | -           |                                  |                  |  |            | Change                              | ☐ Addition                   |
|  | NAME  |                               |   |                            |                                      |                       | 6.2 NAME    |                                  |                  |  |            |                                     |                              |
|  | STHEET ADDRESS                              | ]                             |   |                            |                                      |                       | 63 STREET   | ADD                              | ORESS            |  |            |                                     |                              |
| CITY-SI-ZIP 64 CITY-SI-ZIP 64 CITY-SI-ZIP 64 CITY-SI-ZIP 14. 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 07/39(v). Exercise Statutes I further  | CITY-ST-ZIP                                 | u oodif : *b=*                | the information -: '                                | and 1.1.341- 41.7          | o Clina in                           | a. 2. 7.7             |             |                                  |                  |  |            |                                     |                              |

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: SIGNAPORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

× 3-15-96 266-3870 Daytine Phone #