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

- PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT 1996			Secretary of State DIVISION OF CORPORATIONS						
	MENT# P	95000074	757 (2	2)					
79TH S	STREET ONE STO	P, INC.				0 13011051 DEC 13191 01111 00111 2	 		II a iiii # aa : 1 80 :
Principal Place	of Business	Mailing	Address						
905 N.W. 79TH STREET Miami Fl 33150			905 N.W. 79TH STREET Miami Fl 33150						
						3. Date Incorporated or Qualified 09/27/1995	3a. Date	of Last Re	port
2. Principal Pla	ice of Business	2a. Ma 26	ing Address	• •		4. FET Number 6.5 062425	4	├ ── ┼ ─	Applied For Not Applicable
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			5. Certificate of Status Desired	<u></u>		Additional Required
City & State		C1:	Orty & State			6. Election Campaign Financing Trust Fund Contribution) May Be I to Fees
Ζφ 24]	Country 25	Ζιρ 29		Gount 30	ry 	8. This corporation has liability for Elorida Statutes 10. Name and Address of New	es 💢 No 🔣		199.032,
SIGNATURE.		ns 607.0502 and 607.15 State of Florida. Such cha ions of, Section 607.050 (register applet and the rapple		es, the above ed by the co	dicity charmed corporation's bos	ration submits this statement for the p rd of directors. Thereby accept the ap	FL purpose of cha pointment as		o Code egistered office agent. I am
12.		HCERS AND DIRECTOR		13.		ADDITIONS/CHANGES TO O		DIRECTO	RS IN 12
TITLE NAME STREET ADDRESS	PVSD TUBAISHAT, AHM 903 AND 905 N.V		ec TE	1 1 1/1 1 2 NAM 1.3 STRE			· · · · · · · · · · · · · · · · · · ·] Change	Addition
CHTY-ST-ZIP TITLE	MIAMI FL 33150		Dereie	2 1 1117;				Change	Addition
NAME STREET ADDRESS				1	ET ADDRESS				
ेTY-ST-ZIP गोर्स IAME			DELETE	2.4 CITY 3.1 TIL 3.2 NAM	ŧ] Change	Addition
STREET ADDRESS DITY-ST-ZIP UTLE			DELETE	3.3 STH 3.4 CHY 4.1 TH;				Change	☐ Add-tion
NAME STREET ADORESS					e i address				
DITY-ST-ZIP TITLE NAME STREET ADORESS			DEFE16	5.1 THL 5.2 NAM 5.3 STRE	f I		C] Change	Add-tion
DITY - ST - ZIP			EJ DELETE	5 4 CHY 6 1 MH	- \$1 - 26F			T Change	☐ Addition

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(3)(k), 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 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 chapted, or on an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND THE OF SIGNING OFFICER OR DIRECTOR D. T. S. D. S. L. D. D. S. L. D.