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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of Staffe 🎤

DIVISION OF CORPORATIONS

DOCUMENT # P95000075152 (5)

1. Corporation	FName	•	-				
EHK, I	NC.					 	
Principal Place	of Business	Maling Address					
600 NORTHEAST 36TH STREET 600 NORTHEAST 36TH APT. 1210 APT. 1210 MIAMI FL 33137 MIAMI FL 33137			1 STREET				
MIMMI FC 33	1137	MITAMI FE 33137		3. Date Incorporated or Qualified 09/28/1995	3a. Date o	of Last Re	port
2. Principal Pla 21	ace of Business	2a. Mailing Address 26		4. FEI Number		-	pplied For lot Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired		-	Additional lequired
City & State	е	City & State		6. Election Campaign Financing Trust Fund Contribution			May Be
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability fo	r intangible tax		
	9. Name and Address of Currer		81 Name	10. Name and Address of New	Registered A	gent	
	RATION SERVICE COMPANY			Address (P.O. Box Number is Not Accepta	able)		
	AYS STREET IASSEE FL 32301-2525		83				
4	WIGGEL LE GEOVI EVEN		84 City		FI	85 Zıç	Code
or register familiar wi SIGNATURE	ith, and accept the obligations of, Sect	iori 607,0506, Florida Statutes	ed by the corporation's s. He Rejetered Agest squature in	board of directors. Thereby accept the ap	pointnient as r	egisterea	agent. I am
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OF			
TITLE	P HUBINGER KANSER, ELIZABETH)K	DELETE	1 1 TILE		L	Change	Addition
NAME STREET ADDRESS	600 NORTHEAST 36TH STRI	FFT. APT. 1210	1.2 NAME 1.3 STREE! ADDRESS				
CITY - ST-ZIP	MIAMI FL 33137		14 CHY ST ZIP				
TITLE	S	DELETE	2 1 TIT. F			Change	Addition
NAME	DOZSA, ZSIGMOND		2.2 NAME				
STREET ADDRESS	600 NORTHEAST 36TH STR	EET, APT. 1210	2.3 STREET ADDRESS				
CITY-S1-ZIP	MIAMI FL 33137		2.4 CITY - 51 - ZIP		—		
TITLE		☐ DECETE	3 1 fil. €		L.	Change	Addition
NAME			3.2 NAMI				
STREET ADDRESS			3.3 STREET ADDRESS 3.4 CITY - ST-ZIP				
CITY-ST-ZIP TITLE	 	DELETE	4 1 TIFLE			Change	Addition
NAME		L 2012/2	4.2 NAMr		-		
STREET ADDRESS			4 3 STREET ADORESS	400001 7 -04/19/960	'8688	54	
CITY - ST - ZIP	1		4.4 CITY - ST - ZIP	-04/19/96~-0	1022~-0	17	
TIFLE		DELETE	5 1 1/11/6	****2 UU.UU		Change	Addition
NAME			5.2 NAME	*>			
STREET ADDRESS			5.3 STREET ADDRESS				
CHTY-ST ZiP			5.4 C-TY - ST - ZIP				
TITLE		☐ DELETE	6 1 TILE		Ţ	Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY - ST - ZIP			6.4 CITY - \$1 - 7:P				

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 Brock 12 or Brock 13 if chapters of on an attachment with an address

SIGNATURE:

EUZAICTH HUBINGEN D'OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR 02/01/96

(305) 573-7660 C