| ANNU  | PROFIT<br>RPORATION<br>JAL REPORT<br>1996  |  | Sandra B<br>Secretar   | ITMENT OF STATE  Mortham  y of State  CORPORATIONS   |  |  |  |
|---|--|--|--|--|--|--|--|
| . Corporation   | ** <b>—</b> : * · · ·  | 95000077184<br>PORT, INC.  | •  |  |  |  |  |
| 2538 We   | e of Business<br>est 71st Plac<br>n, Florida 33  | e 2  | Mailing Address<br>2538 West 71s<br>Hialeah, Flor                      |  | 3. Date Incorporated or Qualified  | 3a. Date of I  | _ast Report  |
|   |  |  |  |  | 10/09/1995   |  | X Applied For  |
| 2. Principal P  | Place of Business  | 26   | i. Mailing Address   |  | 4. Tel Nomoe.  |  | Not Applicable   |
| Suite. Apt  | #. etc   | 27   | Suite, Apt # etc   |  | 5. Certificate of Status Desired   | □ <b>\$</b>  | 8.75 Additional<br>Fee Required  |
| City & Stat   | ίζ,  |  | City & State   |  | Election Campaign Financing     Trust Fund Contribution                            |  | \$5.00 May Be<br>Added to Fees   |
| Z <sub>ip</sub>   | Count  | ·  | Zip  | Country  | This corporation has liability for Florida Statutes     Yes                        |  |  |
| 1   | 9 Name and Addr  | ess of Current Regi  | stered Agent   | 30   | 10. Name and Address of New Re   |  | nl   |
| 20803 E   | O C. WOLFE, E<br>Biscayne Boul   |  |  | 81 Name<br>82 Street Add   | dress (P.O. Box Number is Not Acceptate  | ble)   |  |
| Suite 2   | 200  |  |  | 63   |  |  |  |
|   | ra. Florida 3  | 33180  |  | -  |  |  | 5 Zip Code   |
| Aventur   | ra, Florida 3  |  | 607 1508 Florida Statu   | 84 City  | poration submits this statement for the  | FL   | Zip Code<br>anging its registerer  |
| Aventur  11. Pursuant office or agent 1 a   | i to the provisions of Sec<br>registried agan, ty pol<br>am fathlied with, add as  | ctions 607 0502 and<br>I, in the State of Flor<br>cept the obligations   |  | 1-1-   | poration submits this statement for the lation's board of directors. I hereby acce | purpose of chipt the appoint   | anging its registered<br>iment as registered   |
| Aventur  11. Pursuant office or agent 12 SIGNATURE  12.   | to the provisions of Sec<br>registered agent. If pol<br>am familia with add as<br>yonac a ped o punted nan   |  | sterfappicable (NO   | tes, the above-named cor<br>authorized by the corpora<br>iorida Statutes  If Registered Agent signature required.  13.   |  | purpose of chippethe appoint  DATE  CERS AND DE  | anging its registered<br>iment as registered   |
| Aventur  11. Pursuant office or agent 1 a SIGNATURE  12. TIME   | to the provisions of Secregisted again. If polar familio with addapt   | ctions 607 0502 and in the State of Flor<br>cept the obligations one of registered agent and to<br>OFFICERS AND DIRE   | ne if appricable INC   | ites, the above-named cor<br>authorized by the corpora<br>iorida Statutes  | ured when reinstaling)   | purpose of chippethe appoint  DATE  CERS AND DE  | anging its registered timent as registered   |
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| Aventus  11. Pursuant office or agent 1 a SIGNATURE  12. TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  | P/D  MACHADO, LC 2538 West Hialeah, FI VP/D VIVES, YOBA  | ctions 607 0502 and M. in the State of Florent Incoming at the obligations of registered agent and the OFFICERS AND DIRECTOR OF The Court of the OFFICERS AND DIRECTOR OF THE OFFICERS AND THE OF   | BELETE  DELETE  DELETE   | tes, the above-named cor authorized by the corporal ionida Statutes  If Registered Agent signature req.  13.  1 + Title  12 NAME  13 STREET ADDRESS  14 CITY ST-ZIP  2 1 Title   | ured when reinstaling)   | PL   purpose of chi put the appoint  DATE  CERS AND DI  L  | anging its registered ment as registered RECTORS IN 12 Change Addition Change Addition   |
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