## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DE PARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P95000077430	(3)
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Principal Place of Business Mailing Address  S450 GRIFFIN ROAD S450 GRIFFIN ROAD DAVIE FL 33314  DAVIE FL 33314								
		•			3. Date Incorporated or Qualified 10/10/1995	3a. Date	e of Last Ro	pport
	ace of Business	2a. Marling Address			4. FEI Number 65-0611438			plied For t Applicable
Suite, Apt	#, etc	Suite, Apt #, etc			5. Certificate of Status Desired		\$8.75 A	Additional
City & State	9	City & State			6. Election Campaign Financing		\$5.00	May Be
Zip	Country	<b>28</b> Zip	Country		1 Trust Fund Contribution  8. This corporation has trability for it	Added to Fees tax under s. 199.032,		
24	25	29	30		Florida Statutes	Yes 🔲	No	
	9. Name and Address of Curre	ent Registered Agent		II Nesse	10. Name and Address of New Reg	gistered A	gent	
	E LAW FIRM OF LAWRENCE J	SPIEGEL CHRTD	8	1 Name				
	3 ALMERIA AVENUE		8	2 Street Add	iress (P.O. Box Number is Not Acceptable	€)		
CO	RAL GABLES FL 33134		8	3				
			8	4 City			85 Zip (	Code
			-	1		FL	11	
		3	ioner i Siarcic	;S	poration submits this statement for the purion's board of directors. Thereby accept			
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14. Lob hereby certify that the information supplied with this fit ag is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statulen if 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 out that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statules, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE NO TYPEO OF PRINTED NAME OF SIGNING OFFICER ON DIRECTOR
PALLE D. AGUIZEE

6/14/96 (asa) 564-6969