## 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

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DOCU	MENT	# P95	000	08005	7 (9	)}							
1. Corporation		IERN PLAZA, I				′							
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Principal Place of Business Mailing Add					Address								
1777 VENICE LANE. STE. 232 N. MIAMI FL 33181				1777 VENICE LANE. STE, 232 N. MIAMI FL 33181									
									3. Date Incorporated or C	unlifood	la. De		
									10/16/1995	ruanneo	3a. Dai	te of Last F	нероп
2. Principal Place of Business				2a. Mailing Address					4 EELMurcher	100			Applied For
21 Suite And Hard				26				<b>-</b>	65-06	791	702		Not Applicable
Suite, Apt. #, etc.			_	Suite, Apt. #, etc.					5. Certificate of Status De	sired	П		5 Additional
City & State			· 2	City & State									Required
23			2	28					6. Election Campaign Fina Trust Fund Contribution				00 May Be
Zip		Country	L.	Zip		Country	/		8. This corporation has lia		intangible t		ed to Fees
24	25			29		30			Florida Statutes Yes No				
	9, Name	and Address of C	urrent Re	gistered Agent	t		т:::-		10. Name and Address of	f New P	Registered	Agent	
WALI	SEAL LAND					81	Nar	ne					
WOHL, BENJAMIN						82	Stre	et Addre	ss (P.O. Box Number is Not A	cceptab	ole)	<del></del>	
1777 VENICE LANE, STE. 232 N. MIAMI FL 33181						83	ļ				<del></del>		
14- <sup>4</sup> tathah	MI 1 C 0010	•					L						
						84	City	,			FI	85 Z	ip Code
11. Pursuant t	to the provision	ons of Sections 607.	.0502 and	607.1508, Florid	da Statute:	s, the above-	l named	d corporal	tion submits this statement for	r the pur	roose of ch	anging its	registered office
or registere familiar wit	ed agent, or th, and accep	both, in the State of at the obligations of,	f Florida. Si Section 60	uch change was 07.0505, Florida	s authorize s Statutes.	d by the corp	oratio	n's board	ion submits this statement fo of directors. I hereby accept	the appo	ointment as	s registered	d agent. I am
SIGNATURE _		or printed name of rug store:				F. Flugistered Ago							
12.				ND DIRECTORS			r Edua.	ure required v	ADDITIONS/CHANGES	TO OFF	DATE	D DIDECT	ODC IN 10
TITLE	PVST			[] DEI	LETE	1 1 1 1 I I LE		T	ABBITION OF TAXABLE	10 011		Change	Addition
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NAME				r Dec	LCIE.	3 1 THTLE 32 NAME			74 C		Į	Change	Addition
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CITY-ST-ZIP						3.4 CITY-S		33					
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CITY-ST-ZIP						4.4 CITY - S	1 - 21P						
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NAME				☐ DEL	_C I t	6 1 TIFLE					1	Change	Addition
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CITY-SI-ZIP						63 STREET		co	<b>/</b> ጎረ		1-96	6 0	
						6.4 CITY - S	1 - ZIP	l l	E/N	< <i>(</i> )	1 / 1	- 17	ve i

14. Ido 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 13 in Ghanged, or on an attachment with an address.

SIGNATURE:

THE CHARLES THE OF SIGNING OFFICER OR DIRECTOR

305 871-8139