ANNU	PROFIT RPORATION JAL REPORT 1997		Secretary	TMENT OF STATE . Mortham y of State CORPORATIONS	Apr 21 1 Secreta		
Corporatio	MENT # P	95000083 RS CORP.	011 (3)				
rincipal Place of Business 142 SW 70 CT 1AMI FL 33155 S		4142	ng Address SW 70 CT I FL 33155-4623				
					3. Date incorporated or Qualified 10/30/1995	3e. Date of Last 04/29/1996	Report
Principal P	lace of Business	28. M 26	tailing Address		4. FEI Number 65-0616086	h	opplied For Not Applicable
Suite, Apt.	#, etc.	s s	uite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional
City & Stat	e	27 C	ity & State		6. Election Campaign Financing		Pequired May Be
Zip	Coun	28 trv 2	'ıp	Country	Trust Fund Contribution 8. This corporation has liability for		to Fees
	25	29		30	Florida Statutes	Yes No	
FRA	9, Name and Addi GA, ANN	ress of Current Register	red Agent	81 Name	10. Name and Address of New Re	gistered Agent	
	26 NW 6 LANE			82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)	
MIA	MI FL 33172						
				83			
Pursuant	to the provisions of Sc egistered agent of bo	ctions 607,0302 and 607	.1508, Florida Statute Such change was a jectiet 607 0505 Bo	84 City	poralion submits this statement for the p tion's board of directors. I hereby accep	FLII) Code Its registered s registered
Pursuant office or r agent 12 SNATURE	Signaling types or printed ris	ACITO	HNN HA Ipplicable (NOTE ORS	84 City	poration submits this statement for the p tion's board of directors. I hereby accep 4-97 Jired when reinstating) ADDITIONS/CHANGES TO OFFIC	Durpose of changing pt the appointment a DATE CERS AND DIRECTO	its registered s registered
	Signatury typed or printed na	ne of registered gent and title if a	HNN Fre	B4 City es, the above-named cor- luthorized by the corpora rida Statutes.	ired when reinstating)	FL Durpose of changing pt the appointment a	its registered s registered
	PVST FRAGA, ANN 11126 NW 6 LAN	o e di registere gant and title 7 a OFFICE IS AND DIRECTO	HNN HA Ipplicable (NOTE ORS	B4 City ss, the above-named corrulation corrulation uithorized by the corporation uithorized uithorized Agent signature require H-1 1: Frequencies 1: TILE 1: NAME 1: STREET ADDRESS	ired when reinstating)	Durpose of changing pt the appointment a DATE CERS AND DIRECTO	Its registered s registered
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