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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

R RODEN CHE PER RECON CONTRACTOR CONTRACTOR

01.29.94

561.391.9874

1996

DOCUMENT # P95000084543 (4)

MICHELLE JAMINET & ASSOCIATES, INC.

Principal Place	a of Business	Mailing Ade	Henne							•
·	BOULEVARD. SUITE 4404	· ·	Mailing Address POST OFFICE BOX 812572							
BOCA RATON FL 33433			BOCA RATON FL 33481			Date Incorporated or Qualified 3a. Date of Last Report				
-						11/03/1995				
	lace of Business	2a. Mailing a	Address			4. FEI Number			pplied F	
Suite, Apt.	# otc	26 Suite A	pt #, etc.			65-0616603	<u>. </u>		ot Appli	
22	#, etc.	27	pr #, erc.			5. Certificate of Status Desired		\$8.75	Addition lequired	nal
City & State	e	City & S	tate			6. Election Campaign Financing) May B	
23		28				Trust Fund Contribution			to Fees	
Zıp	Country	Zup		Country		8. This corporation has liability for	intang ble ta	·····		
24	25	29	3	0			Yes [No		
	9. Name and Address of	of Current Registered Age	ent			10. Name and Address of New R	egistered Ag	gent		
TH	E LAW FIRM OF LAWREN	NCE J SPIEGEL CHRTD)	81	Name					
343	3 ALMERIA AVENUE			82	Street Add	ress (P.O. Box Number is Not Accepta	ble)			
C0	RAL GABLES FL 33134					,				
				83						
•				84	City		FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections	607.0502 and 607.1508. F	Florida Statutes.	the above	named corp	oration submits this statement for the p		LL nanging it	s registe	ered
office or ri	egistered agent, or both, in t im familiar with, and accept t	the State of Florida. Such c	change was auth	horized by	the corporati	on's board of directors. I hereby accep	ot the appoin	trnent äs	registere	ed
•	in tairinar with, and accept t	ine obligations of, Section	oor.asas, Fione	ja Statutes.						
SIGNATURE	Signature, typed or printed name of re-	g stered agent and title it applicable	(NOIL)	Registered Age	CL signature requi	red when reinstating)	OAIE			
SIGNATURE	 	g stered agent and title 4 applicable CERS AND DIRECTORS	(NOTE	Registered Age	r Lsignature requi	red when reinstating) ADDITIONS/CHANGES TO OFFI		DIRECTOR	RS IN 12	
	OFFIC PSTD	CERS AND DIRECTORS	DELETE [NOTE)		CL Signature Tequi			DIRECTOR Change		
12.	OFFIC PSTD JAMINET, MICHELLE I	CERS AND DIRECTORS		13.	CI signature tequio					
12. TILE	PSTD JAMINET, MICHELLE I 5517 PACIFIC BOULE	CERS AND DIRECTORS R VARD, SUITE 4404		13. 11 TITLE						
12. TITLE NAME	OFFIC PSTD JAMINET, MICHELLE I	CERS AND DIRECTORS R VARD, SUITE 4404	DELETE	13. 11TITLE 12NAME	AODRESS					ddition
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Muselle & Deniet Standard OFFICER OR DIRECTOR