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

P95000086321 (3) DOCUMENT # 1. Corporation Name

PHOFI	I PLUS COHPORATION								
Principal Place	of Business	Mailing Ad	dress				i anniebal and anath dater dater dater dater anter rouse e	TIMM SEELM DEMMO TIME DEME	
8341 N.W. 6 Miami Fl 33		8341 N.W. 64TH STREET Miami Fl 33166							
							3. Date Incorporated or Qualified 3a. Date of L 11/09/1995	ast Report	
2. Principal Pla	ace of Business	2a. Mailing	2a. Mailing Address				4. FEI Number	Applied For	
21		26	26				65-0623342	Not Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$	8.75 Additional	
22		[27]	· · · · · · · · · · · · · · · · · · ·				6. Election Campaign Financing	Fee Required	
City & State		<u> </u>	City & State					\$5.00 May Be Added to Fees	
23 Zip				Zip Country			8. This corporation has liability for intangible tax un		
24	25 29		30				Florida Statutes Yes No		
	9. Name and Address of Curi		gent				10. Name and Address of New Registered Age	nt	
					81	Name			
DA SIL\	/a, gerson s				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	W. 64TH STREET								
MIAMI F	L 33166				83				
					84	City	FL ⁸	5 Zip Code	
	10.70	500 - 1003 4500	Figure Card A	40		amed ansa	oration submits this statement for the purpose of changing	no ite registered office	
or register	ed agent, or both, in the State of Fl	torida. Such change	e was authoriz	ed by the c	orp	oration's bo	pard of directors. I hereby accept the appointment as regi	stered agent. I am	
familiar wit	h, and accept the obligations of, S	ection 607.0505, F	lorida Statutes	S.					
SIGNATURE .	Signature, typed or printed name of registered as	oent and title if applicable	(NC	TE: Registered	Agen	nt signature regui	ired when reinstating) DATE		
12.		AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIF	RECTORS IN 12	
THILE	D	☐ DELETE		1.17	1. 1 TITLE			hange 🔲 Addition	
NAME	DA SILVA, GERON S			1.2 N/	AME				
STREET ADDRESS	8341 N.W. 64TH STREET			1.3 S	REET	ADDRESS			
CITY-SI-ZIP	MIAMI FL 33166			1.4 CI	TY-S	IT- ZIP		53 (48)	
TITLE	D	[☐ DELETE	2 1 T			□ c	thange 🗌 Addition	
NAME	ZANATTA, GILMAR			2.2 N					
STREET ADDRESS	8341 N.W. 64TH STREET					ADDRESS			
CITY - ST - ZIP	MIAMI FL 33166		DELETE	2.4 CI 3 1 T		ST-2IP	ПС	hange Addition	
TITLE		ı	_] OCLETE	3.2 N		1	D.	nongo C yidadasi	
NAME						T ADDRESS		;	
STREET ADDRESS						ST-ZIP			
CITY+ST-ZIP TITLE			DELETE	4.11		71 - E4	□ c	hange Addition	
NAME		•		4.2 N	AME				
STREET ADDRESS				4.3 S	IREET	ADDRESS			
CITY-ST-ZIP						ST-2IP			
TITLE			DELETE	5 1 T	TLE			Change	
NAME	•			5 2 N	AME				
STREET ADDRESS				5.3 \$	TREET	ADDRESS			
CITY-ST-ZIP		······································				ST-ZIP			
IDLE		1	DELETE	6.11		1		Change	
NAME				62 N					
STHEET ADDRESS						ADDRESS			
C17V C1 7/0				114	niv. (ST. 7IP			

14. I do 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 repelver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachnolist with an address.

SIGNATURE:

| GERSON S. D

GERSON S. DA SILVA - PRESIDENT . 04/23/96
SIGNING OFFICER OR DIRECTOR Date Daylone Phone #