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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1990	DIVISION			
DOCUMENT # P95000088012 (6) 1. Corporation Name					
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Principal Place	of Business	Mailing Address		7 14 217 22 714 14 14 17 14 17 14 17 17 17 17 17 17 17 17 17 17 17 17 17	44-6
3401 DAVIE BLVD. FT. LAUDERDALE FL 33312		3401 DAVIE BLVD. FT. LAUDERDALE FL 33312			
				3. Date Incorporated or Qualified	3a. Date of Last Report
				11/14/1995	Edit of Edit Hoport
2. Principal Pla	ace of Business	2a. Mailing Address	The state of the s	4. FEI Number	Applied For
Suite, Apt. #	# etc	26 Suite, Apt. #, etc.		65-0615500	Not Applicable
22	, 4.0	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	• • • • • • • • • • • • • • • • • • • •	6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Courts	Trust Fullo Continuación	Added to Fees
24	Country 25	Zip 29	Gountry 30	8. This corporation has liability for inta Florida Statutes Tyes	
	9. Name and Address of Cu			10. Name and Address of New Reg	
			81 Name	HOILERY TORAN	PUTRA
GRIEF, A				ress (P.O. Box Number is Not Acceptable)	.15
	ME BLVD. Derdale FL 33312		83	HOI DAVIE ISL	.45
FI. DAD	DENUMLE PL 33312				
			84 City	T. LAUDG RDALE	FL 85 Zip Code
				II KII VUU KI II W	
11. Pursuant to	a the provisions of Sections 607.	0502 and 607.1508, Florida Stati	ites, the above named corpo	ration submits this statement for the purpose	se of changing its registered office
or registere	ed agent, or both, in the State of	Florida Such change was author	utes, the above named corpo- fized by the corporation's boa	oration submits this statement for the purpo and of directors. Thereby accept the appoint	se of changing its registered office
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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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR