## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #  1. Corporation Name	P95000088287	(4)
i. Corporation Name		` '

Principal Place of Business  1451 SOUTH MIAMI AVENUE MIAMI FL 33130  3. Date Incorporated or Qualified 11/16/1995  2. Principal Place of Business 2a. Mailing Address 2f. Mailing Address 2 Applied For 2 Suite, Apt. #, etc. 2 Suite, Apt. #, etc. 2 City & State 2 City & State 2 City & State 2 City & State 2 Country 2 Suite, Apt. #, etc. 3 Fee Required 2 Suite, Apt. #, etc. 3 Fee Required 3 Fee Required 4 Fee Required 5 Country 5 Fordia Statutes 7 Fordia Statutes 9 Name and Address of Current Registered Agent  KAHN, S. LAWRENCE III  Page Suite, Apt. Mailing Address  1 Suite, Apt. #, etc. 5 Certificate of Status Desired 7 Fee Required 8 Trust Fund Contribution 9 Name and Address of Current Registered Agent  10 Name and Address of New Registered Agent  KAHN, S. LAWRENCE III  Page Street Address (P.O. Box Number is Not Acceptable)
1451 SOUTH MIAMI AVENUE MIAMI FL 33130  3. Date Incorporated or Qualified 11/16/1995  2. Principal Place of Business 2a. Mailing Address 4. FEt Number VApplied For Not Applicable Suite, Apt. #, etc.  22 Suite, Apt. #, etc.  23 Suite, Apt. #, etc.  26 Suite, Apt. #, etc.  27 City & State City & State City & State 28 Country 29 Country 21 Country 21 Country 25 29 30 Portion Has liability for intangible tax under s 199.032, Plorida Statutes Yes No No Registered Agent  MALMI C LANDITAGE #
MIAMI FL 33130  MIAMI FL 33130  3. Date Incorporated or Qualified 11/16/1995  2. Principal Place of Business 2a. Mailing Address 4. FEI Number
2. Principal Place of Business 2. Mailing Address 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. Country 2. Principal Place of Business 3. Applied For Not Applicable Suite, Apt. #, etc. 3. Certificate of Status Desired \$8.75 Additional Fee Required Fee Required Trust Fund Contribution \$5.00 May Be Added to Fees 3. Applied For Not Applicable Suite, Apt. #, etc. 3. Certificate of Status Desired \$5.00 May Be Added to Fees Added to Fees 4. FEI Number 5. Certificate of Status Desired \$5.00 May Be Trust Fund Contribution \$5.00 May Be Added to Fees 4. First Number 5. Certificate of Status Desired \$5.00 May Be Trust Fund Contribution \$5.00 May Be Added to Fees 4. First Number 5. Certificate of Status Desired \$5.00 May Be Trust Fund Contribution \$5.00 May Be Added to Fees 4. First Number 5. Certificate of Status Desired \$5.00 May Be Trust Fund Contribution \$5.00 May Be Added to Fees 4. First Number 5. Certificate of Status Desired \$5.00 May Be Trust Fund Contribution \$5.00 May Be Added to Fees 5. This corporation has liability for intangible tax under \$199.032, Florida Statutes \$190.032, Florida Statutes \$190.032
Suite, Apt. #, etc.
Suite, Apt. #, etc.  22  Suite, Apt. #, etc.  27  City 8 State  City 9 S
22   27   5. Certificate of Status Desired   Fee Required
28 Trust Fund Contribution Added to Fees  Zip Country Zip Country  24 25 29 30 Florida Statutes Yes No  9. Name and Address of Current Registered Agent  81 Name  WALLS C. LAMPEACE ##
Zip Country Zip Country 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No  9. Name and Address of Current Registered Agent  81 Name
25 29 30 Florida Statutes Yes No  9. Name and Address of Current Registered Agent  81 Name  WALIN C. LAMPEACE ##
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  81 Name
MALINI C. LANDOPANOE III
KAHN, S. LAWRENCE III  R2. Street Address IP.O. Box Number is Not Acceptable)
1451 SOUTH MIAMI AVENUE
MIAMI FL 33130 B3
B4 City B5 Zip Code
*11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above named comporation submits this statement for the purpose of changing its registered efficiency.
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the appointment of Section 607.0505. Florida Statutes.
SIGNATURE 1.1.18 4/25/96
Signature, typed or printed registered against act title 4 applicable (NOTE: Registered Agains agreed when reinstating)  Alte
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TIFLE D DELETE 1.1 TIPLE Change Addition  NAME KAHN, S. LAWRENCE III 1.2 NAME
STREET ADDRESS 1451 SOUTH MIAMI AVENUE 1.3 STREET ADDRESS
CITY-SI-ZIP MIAMI FL 33130 1.4 CITY-ST-ZIP
TITLE DELETE 2 1 TITLE Change Addition
NAME 22 NAME
STREET ADDRESS 23 STREET ADDRESS
C11Y-S1-ZIP 24 C11Y-S1-ZIP
NAME □ DELETE 3 1 TITLE ■ □ □ □ □ 1 2 □ Comple □ Addition □ 1 2 □ Comple □ Addition □ 2 NAME □ 04/30/96 − 0107'2 − 0pt
NAME 32 NAME -04/30/960107/20 <b>98</b> STREET ADDRESS
STREET ADDRESS ***200.00
NAME 4.2 NAME
STREET ADDRESS 4.3 STREET ADDRESS 4 DIO 12 2 1 2 4
City-St-7/P 44 City-St-7/P + 4.4 City-St-7/P + 4.4 City-St-7/P
TITLE DELETE 5.1 TITLE ***200.00 Change Addition
NAME 52 NAME

6.4 CITY-ST-ZIP 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 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.

5.4 CITY - ST - ZIP

63 STREET ADDRESS

6. 1 TITLE

62 NAME

SIGNATURE: \_

City-St-ZiP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

S.L. KAHN, III SIGNATURE AND TYPE

DELETE

4/25/96

Change

\_\_\_Addition