FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9500088661 (0)

FILED Mar 04 1997 8:00am Secretary of State

Principal Place of 12 NE 96 STREET MIAMI SHORES F	•	Mailing Address 12 NE 96 STREET MIAMI SHORES FL 33138	2724		
		•		3. Date incorporated or Qualifie	
	- I Decided			11/17/1995	07/22/1996
2. Principal Place of Business 2a. Mailing Address				4. FEI Number 65-050555- 65	O622372 Applied For Not Applicable
25 25					\$8.75 Additional
22 27		L		5. Certificate of Status Desired	Fee Regulred
City & State		City & State		6. Election Campaign Financi	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Z ip	Country	Ζφ	Country	8. This corporation juriability f	or intangible tax under s. 199.032,
24	25	29	30	Florida Statut	Yes No
	g. Name and Address of Curren	t Registered Agent	81 Name	10. Tame and adress of New	Hegistered Agent
	MANDY		FI Name	. ,	
12 NE 96 STREET			82 Street A	, Box Number is Not Accep	table)
MIAMI	SHORES FL 33138		<u> </u>	•	
(75 J 3	<i></i>	
			Тап т		FL 85 Zip Code
44 Purcuant to	the provisions of Sections 607 050	2 and 607 1508. Florida Statu	tes the ned co	rooration sub	
office or reg	the provisions of Sections 607,050 istered agent, or both, in the State familiar with, and accept the obligi	of Florida. Such change was	ane corpor	ation's, For ectors. I hereby ac	e purpose of changing its registered cept the appointment as registered
ageni ram	tamiliar with land accept the obligi	ations of Section 607.0505 1	° 5 88.		
SIGNATURE 50	eature: typep or profed name of registered age	int and title if applich 19. (N	, or gistered Agent signatule re	.4d , reinstating)	JIE JULI
12.	OFFICERS AN		13.	ADDITIONS/CHANGES T	ICERS AND DIRECTORS IN 12
TUTLE)		1.1 TITLE		☐ Change ☐ Addition of
	Bass, Mandy	١ .	19 1 1		ā
	12 NE 96 STREET	/	1.8 PM LSS		ָנ <u>֖</u>
CITY-SY-ZIP	VIAMI SHORES FL 33138	/	1. ' -ZIP		
TITLE		DELETE	2.1		Change Addition C
NAME			2.2 NAME		_
STREET ADDRESS			23 Si, ADDP		
C-TY - ST - ZIP		DELETE			Change Addition
TITLE		/ DECERT	3 - IITLE		C change C Address
NAME	/		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CTY+SI-ZIP TITLE	/	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4, 2 NAME	a.	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY-ST-ZIP		
TOLE		DELETE	5.1 THTLE	1	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-SI-7/P			5.4 CITY-ST-ZIP		
TIFLE		DELETE	6 1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CHTY-ST-Zi₽			64 CITY-ST-ZIP		
44 Ldo boroby	certify that the information supplied	d with this filing does not gue	lify for the exemption stat	ed in Section 119 07(3)(i) Florida Stat	utes. I further certify that the

4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied ental 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 13 or Block 13 if changed, or man attachment with an address.

SIGNATURE

NATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

2/21/97

(305)754-212 Dayung Phone #