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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE**PA**RTMENT OF STATE Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

1996

POCUMENT # P95000095816 (1)

FILED SECRETARY OF STATE DIVISION OF CONCORATIONS

96 APR 24 PM 12: 44

	LIMITED, INC.			~\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Principal Piace		Mailing Address		3 (83)(80) fall (810) Olisa Dolio Hoili	i adili adila (816) Atial larai lidia alli ladi
3722 NORTHWEST 73 STREET 3722 NORTHWEST 73 S MIAMI FL 33147 MIAMI FL 33147			STREET		
				3. Date Incorporated or Qualified 12/18/1995	3a. Date of Last Report
2. Principal Pla	nce of Business	2a. Mailing Address		4. Fet Number 65-043042	7 Applied For Not Applicable
Sulte, Apt. 6	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional
22		City & State		Election Campaign Financing	ree required
City & State		28		Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30		s 🔲 No
	9. Name and Address of Current	t Registered Agent	81 Name	10. Name and Address of New	
THE LAN	WEIDN OF LANDENGE LODGO	EL CURTO	TA	INICE SCHNEID	ER
•	N_EIRM_OF_LAWRENCE-J-SPIEG IERIA-AVENUE-	EC OTHIU	82 Street Add	dress (P.O. Box Number is Not Accepta	hle)
	GABLES FL 33134-		83	-2 1.0. 12 10	
Tana	LE SCHIENER		04		loc L 7io Codo
372	1 11 11 11 11 117		84 City	niami 7	FL 85 Zip Code 3 3 1 47
11. Pursuant	of the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the above named corpo	oration submits this statement for the poard of directors. Thereby accept the app	urpose of changing its registered office
or register familiar wit	ed agent, or both, in the State of Floric th, and accept the obligations of Fecti	da. Such change was auth or i ion 607.0505, Florida Statu te	zed by the corporation's bo is.	ard of directors. I hereby accept the app	pointment as registered agent. I am
	14 11 11 1				
- SIGNATURE	MUNUCE, MACI	neider I	TANICE H.	SCHNEIDER	3/1/96
SIGNATURE	Sugnature, tyced or profiled native of registered agents.	nedu) and little if applicable. N	ANICE H DTE. Registered Agent signature requi	S'CHNEIDER	3/1/96
12.	Signature, typed or printed name of registered agent OFFICERS AND	and life if applicable. NO DIRECTORS	ANICE H. 10 F. Registered Agent signature requi	SCHNEIDER red when reinstaling) ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
12.	Agrature Typod or prifted refree of registered agent OFFICERS AND PSD	nedu) and little if applicable. N	Dit. Registered Agent signature requi	SCHNDIDEK res when reinstating! ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
12. TITLE NAME	System types or profited notice of registreet agunt. OFFICERS ANT PSD SCHNEIDER, JEROME	and title if epilicable. NO DIRECTORS	DOTE: Registered Agent signature required 13. 1.1 TITLE 1.2 NAME	SCHNDIDEK ADDITIONS/CHANGES TO OF 4 [1] -{14/24	3 / JATE / 76 FICERS AND DIRECTORS IN 12 Change
12. TITLE NAME STREET ADDRESS	PSD SCHNEIDER, JEROME 3722 NORTHWEST 73 STREE	and title if epilicable. NO DIRECTORS	DOTE: Registered Agent signature record 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	SCHNDIDEK ADDITIONS/CHANGES TO OF 4 [1] -{14/24	FICERS AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS CHY-S1-ZIP	PSD SCHNEIDER, JEROME 3722 NORTHWEST 73 STREE MIAMI FL 33147	and title if epplicable. NO DIRECTORS DELETE	DOTE: Registered Agent signature record 13. 1.1 TITLE 1.2 NAM: 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP	SCHNDIDEK ADDITIONS/CHANGES TO OF 4 [1] -{14/24	3 / JATE / 76 FICERS AND DIRECTORS IN 12 Change
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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 13 if changed, or on an attachment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96 305 836-1580 Dayton Phone F