FILE I	NOW: FILING FE	E AFTER MAY 1	18,\$22	5.00	priverded	Annual	Repa
CORPC ANNUAL	OFIT DRATION L REPORT	FLORIDA Di San Sei	EPARTMENT Of dra B. Morthan cretary of State OF CORPORA	F STATE		FILEI	
1996 DOCUMENT # \$050000914465					96 NOV 14 AM 9: 47 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
BRAZ	ZILIAN PEPPER				er water is a topological	, ruombit	
Principal Place of Business Mailing Address							
					3. Date incorporated or 0 12/27/95	Qualified 3s. Date of I	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number 65-063658	39	Applied For Not Applicable
21 15476	NW 77 Court	26 15476 N	₩ 77 Cou	rt	5. Certificate of Status D		8.75 Additional
Suite, Apt. #, etc.							\$5.00 May Be
City & State	319	City & State	akes, Fl		Election Campaign Fin Trust Fund Contribution	m L	Added to Fees
23 Miami.	Lakes, FF1	Zip	Co	untry	8. This corporation has li	iability for intangible tax u	nder s 199.032,
24 33016	25 11SA	29 33016	30	USA	Fiorida Statutes 10. Name and Address	of New Registered Age	ent
9. Name and Address of Current Registered Agent							
LUSTIG, ROY R.					dress (P.O. Box Number is Not 5476 NW 77 Court	Acceptable)	
2600 DOODLID 110112							
SUITE 911					Suite 319	EI	85 Zip Code 33016
CORAL GABLES, FL 33134 84 Oity Miami Lakes FL 33016 84 Oity Miami Lakes							
Miami Lakes 11. Pursuant to the previsions 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 05.001, in 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 properly the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE S	country a whord of rited name of registered	d agent and title if applicable.	(NOTE: Register	ed Agent signature rec		ES TO OFFICERS AND D	
12.	OFFICERS	S AND DIRECTORS	13 F 1.1	TITLE		R	Change
. · · i	P/D ROBERT S. GOLDBE	**		NAME	Pres/Sec/D ALICIO PINA		
NAME STREET ADDRESS	9150 S.W. 87 Ave	enue, Suite 205	1	STREET ADDRESS	15476 N.W. 77 C Miami Lakes, FI	ourt #319	
CITY-ST-ZIP	Miami, FL 33176	6. DELE	1.0	CITY-ST-ZIP 1 TITLE	V.P./Treas/D	K	Change
TITLE	VP/S/D STEWART A. GREEN	Λ		NAME	JESUS FERNANDEZ		
NAME STREET ADDRESS	9150 S.W. 87 AV	enue, Suite 203		STREET ADDRESS	7380 NW 77th Ct		
CITY-ST-ZIP	Miami, FL 33176	6 DELE	£.:	CITY-ST-ZIP	Miami, F1 33166	ነርግ የውርብ የችሎዚያላ	Change Addition
TITLE	T/D MICHAEL S NELD	% NA	3.	2 NAME	••	117207305701	317004 *****61.25
STREET ADDRESS	9150 S.W. 87 AV	enue, Suite 200		3. STREET ADDRESS 4 4 City-St-Zip			4 110
CITY-ST-ZIP	Miami, FL 3317	6 😾 DELE	3.	1 TITLE			Change Addition
TITLE NAME	Ass't T PAUL U. SKORIC	•	4	2 NAME			•
STREET ADDRESS	9150 S.W. 87 AV	enue, Suite 205	· •	3 STREET ADDRESS			
CITY-ST-ZIP	Miami, FL 3317	76 ∑ i DEL		4 CITY-ST-ZIP			Change Addition
TITLE	Ass't Secy CLIFFORD H. Mac	BROOM	5	.2 NAME			
STREET ADDRESS	9150 S.W. 87 AV	renue, Suite 20:	-	3 STREET ADDRESS			Addition
CITY-ST-ZIP	Miami, FL 3317	76 XI DEL		6.1 TITLE			Change Addition
TITLE	VP FREDERICK WALL!	ACE	1	6.2 NAME		. NLII	in Oil
NAME STREET ADDRESS			5	6.3 STREET ADDRESS		<u> </u>	15-46
CITY-ST-ZIP	Miami, FL 331	76 Doors d with this filing is volun	tarily furnished	and does not qu	ality for the exemption stated in	Section 119.07(3)(k), Fk shall have the same legal	orioa Statutes, I further leffect as if made under
14. I do hereby certify that the information indicated on this private and that my name certify that the information indicated on this private and that my name certify that the information indicated on this private environment of the property of the control of the property of the prope							
STREET ADDRESS 9150 S.W. 87 AVENUE, SUITE 14. I do hereby certify that the information indicated by this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)/k), Florida Statutes. I further that the information indicated by this report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated by this report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated by this report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated by this report as required by Chapter 607, Florida Statutes; and that my name cathering an an officer or director in 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 it pages by the annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated by this report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated by the same legal effect as if made under certify that the information indicated by the same legal effect as if made under certify that the information indicated by the same legal effect as if made under certify that the information indicated by the same legal effect as if made under certify that the information indicated by the same legal effect as if made under certify that the information indicated by the same legal effect as if made under certific the same legal effect as if made under certific the same legal effect as if made under certific the same legal effect as if made under certific the same legal effect as if made unde							
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							