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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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May 16 1997 8:00am

Secretary of State

(305) 350-5991

0184716

Secretary of State
DIVISION OF CORPORATIONS

## 1997 POCUMENT # P9600007155 (0)

SIDONIA AV	e of Business /ENUE  \$ FL 33134-3449	Mailing Address 15 SIDONIA AVENUE SUITE 2 CORAL GABLES FL 33154-3	3449						
					Date Incorporate 01/22/1996	ed or Qualified	Sa, Dat	e of Last Re	eport
	lace of Business	2a. Mailing Address			FEI Number	1101			plied For
Suite Apt		26 / U	kell Key Bl	<u>va                                     </u>	59-100	<u> 7604</u>			t Applicable
	te 604	27 Suite 604	•	5.	Certificate of Sta	itus Desired		\$8.75 A	
City & State		City & State		6.	Election Campai	on Financino	· · · · · · · · · · · · · · · · · · ·	\$5.00	<del></del>
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2 <sub>(p)</sub>	Country	Zip	Country	8.	This corporation				1 <b>9</b> 9.032,
331.	9 Name and Address of Current		30		Florida Statutes Name and Add		Yes 🔎		<del></del>
1144	Til	Registered Agent	81 Name	10.	Maine and Ado	ress of New I	egistered A	Geur	
	IKINS, MARK SIDONIA AVENIJE								
	TE 2		82 Street A		P.O. Box Number				
	PAL GABLES FL 33134-3449		62			A 1911	<u> </u>		
				ite (	904			T1	<del></del>
			84 City	ami			FL	B5 Zip (	131 131
1. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Statute	s, the above-named o	orporatio	on submits this sta	tement for the	purpose of	changing it	s registered
office or r	registered agent, or both, in the State or im <u>famili</u> ar with, and accept the obligat	of Florida. Such change was a tions of, Section 607,0505, Flo	uthorized by the corpo rida Statutes.	oration's i	board of directors	. I hereby acce	ept the appo	intment as	registered
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IGNATURE Z	Signature: Typed or printed name of registered agen	it and title if applicable. (NOTE	: Registered Agent signature re				DATÉ		
2.	OFFICERS AND	it and title if applicable. (NOTE DIRECTORS	Registered Agent signature re		n reinstating) ADDITIONS/CHA		DATÉ ICERS AND	DIRECTOR	
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<b>2.</b> ILE IME REET ADDRESS	OFFICERS AND D HANKINS, MARK 15-SIDONIA AVENUE SUITE 2	r and title if applicable. (NOTE ) DIRECTORS  DELETE	Registered Agent signature in 13.  1.1 TITLE  1.2 NAME	D, P	ADDITIONS/CHA	NGES TO OFF	DATE ICERS AND	DIRECTOR Change	
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