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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

**FILED** 

May 12 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000026248 (0)

MC-LC 1	in Name INC		·					
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Principal Place of Business Mailing Address							LINE BRAND BLODE BURKE HOLD AND	DI UKU HADI
358 NE 105 STREET MIAMI SHORES FL 33138			358 NE 105 STREET MIAMI SHORES FL 33139-2022			i t		
						Date Incorporated or Qualified 03/20/1996	3a. Date of Last F	Report
2. Principal P	lace of Business		2a, Mailing Address			FEI Number	TVIA	pplied For
1			26				<del></del>	ot Applicable
Suite, Apt	#, etc.	, <u>, , , , , , , , , , , , , , , , , , </u>	Suite, Apt. #, et	),	_	Certificate of Status Desired	\$8.75	Additional
2			27	······································	0.	Continuate of Status Desired	Fee R	equired
City & State	е		City & State		6.	Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip 🗀	}	untry	Zip	Country	8.	This corporation has liability fo		199.032,
4	25		29	30	l_		Yes No	
		dress of Current	t Registered Agent	81 Na	10. me	Name and Address of New F	segistered Agent	
	MENT, LARRY							
	NE 105 STREET MI SHORES FL 3:	2128		<b>62</b> Str	eet Address (P	P.O. Box Number is Not Accept	able)	
MICA	mi orionto i t s	3 100		83	······································	······································	· · · · · · · · · · · · · · · · · · ·	
				84 Cit	•		FL I'' I	Code
11. Pursuant t	to the provisions of registered agent, or	Sections 607.0502 both, in the State	2 and 607.1508, Florida of Florida. Such change	Statutes, the above-nar was authorized by the	ned corporatio corporation's t	n submits this statement for the poard of directors. I hereby acc	purpose of changing i	ts registered registered
adiánt La	ım familiar with, <b>a</b> nd	accept the obliga	ations of Section 607.05	16 Elopido Ctotutos				
				o, rionga statutes.				
SIGNATURE				·····				
SIGNATURE	Signature typed or printed		nt and tine if applicable	(NOTE: Registered Agent sign	nature required when		DATE	
SIGNATURE	Signature typed or printed	name of registered ager OFFICERS AND	nt and tine if applicable	(NOTE: Registered Agent sign	nature required when	reinstaling)	DATE	RS IN 12
SIGNATURE  12.  1IILE	Signature typed or printed	OFFICERS AND	ni and fice if applicable D DIRECTORS DELE	(NOTE: Registered Agent sign	nature required when	reinstaling)	DATE ICERS AND DIRECTO	RS IN 12
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