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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED May 01 1997 8:00am Secretary of State

1. Corporatio		0036819 (6)						
Principal Plac	e of Business	Mailing Address				10 		
2850 NE 8TH AVE		2850 NE 8TH AVE		Ĭ				
POMPANO FL	33064	POMPANO FL 33064-531	4					
					e Incorporated or Qualified 29/1996	3a.	Date of Last	Report
-1	face of Business	2a. Mailing Address		4. FEI	Number 671815	•		Applied For
Suite, Apt.	# otc	Suite, Apt. #, etc.		02	00770			Not Applicable Additional
22	n, enc	27]		5. Ceri	tificate of Status Desired			Required
City & Stat	0	City & State		6. Elec	ction Campaign Financing		\$5.0	May Be
23		28	T 6		st Fund Contribution			d to Fees
Zip XII	Country	Zip	Country	I	s corporation has liability for rida Statutes		le tax under No	s. 199.032,
4)	25 g. Name and Address of Curr	29 rent Registered Agent	30		me and Address of New F	73		
RIEN	MAN, ALEXANDRA V		81 Nan					
	SE 5TH AVE		82 Stre	et Address (P.O. F	Box Number is Not Accepta	able)		
FT I	AUDERDALE FL 33301				TO THOUSE TO THOU TO THE			
			83					
			84 City			F	85 Zi	p Code
	4.0	N	L l					ite registered
11. Pursuant	to the provisions of Sections 607.03	502 and 607.1508, Florida Stat	utes, the above-name	ed corporation sut	bmits this statement for the	purpose	or changing	I ira i chiarcici
agent La	to the provisions of Sections 607.05 registered agent, or both, in the Sta im familiar with, and accept the obt	1502 and 607.1508, Florida Stat ale of Florida. Such change was ligations of, Section 607.0505, I	utes, the above-names authorized by the c Florida Statutes.	ed corporation sut orporation's board	bmits this statement for the digital of directors. I hereby according to the directors of t	purpose ept the ap	or changing opointment a	as registered
agent La SIGNATURE	im tarn har with, and accept the oblinging accept the oblinging and accept the oblinging and accept the oblinging accept the oblinean acceptance acce	ligations of Section 607.0505, lagent and title Tapplicable. (N	Florida Statutes. OTE: Registered Agent signa	ture required when rainst	ating)	DATE		
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