## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000040942 (0)

## FILED Jul 08 1997 8:00am Secretary of State

Principal Place of Business Mailing Address P.O. BOX 171043 MIAMI GARDENS FL 33017  Principal Place of Business P.O. BOX 171043 MIAMI GARDENS FL 33017-1043								
					3. Date Incorporated or Qualified	<b>3a.</b> Da	te of Last Ro	port
					05/10/1996			
<del></del>	Place of Business	2a. Mailing Address			4. FEI Number	1		olied For
21		26			650752570	<u>'</u>		Applicable
Suite, Apt	1. #, BIC.	Suite, Apt #, etc.		,	5. Certificate of Status Desired		<b>\$8.75</b> A Fee Re	
City & Sta	alo	City & State						<u> </u>
City d Sid		28			6. Election Campaign Financing Trust Fund Contribution		\$5.00 ( Added to	
		Z(p)	Country		8. This corporation has liability to			
24	25	29	30			Yes		155.032,
	9. Name and Address of Curre		1		10. Name and Address of New F			
LAI	UGHLIN, RUBBIE		81	Name				
	841 N.E. MIAMI COURT		82	Stroot Add	Iress (P.O. Box Number is Not Accepta	abla)		· · · · · · · · · · · · · · · · · · ·
	RTH MIAMI BEACH FL 33179-32	264	02	Street Add	to a la company in the contract of the contrac	aule)		
		-	83					
			84	City			85 Zip C	oda
			04	City		FL	<b>85</b>   Zip C	oue
		igations of, Section 607.0505, Flo	orida Statutes	y the corpora s.	poration submits this statement for the dion's board of directors. Thereby acc	ehr me app	онинен аз г	ogioiaioa
agent. I SIGNATURE	Signature typod or printed name of registered a				nited when relistating)  ADDITIONS/CHANGES TO OFF	DATE		
SIGNATURE	Signature typod or prized name of registered a OFFICERS A	agent and title if approache (NOT	L. Registered Age		nred whon relistating)	DATE		S IN 12
SIGNATURE	Signature typod or printed name of registered a OFFICERS A P LAUGHLIN, RUBBIE	agent and tale if approache (NOT ND DIRECTORS	I. Rugistered Age		nred whon relistating)	DATE	DIRECTORS	S IN 12
SIGNATURE  12.  TITLE	Signature typed or proted name of registered a OFFICERS A P LAUGHLIN, RUBBIE P.O. BOX 171043	agent and tale if approache (NOT ND DIRECTORS	1. Registered Ago	.el s-gi-alure rec <sub>t</sub> ui	nred whon relistating)	DATE	DIRECTORS	S IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CHY-ST-ZIP	Signature typod or printed name of registered a OFFICERS A P LAUGHLIN, RUBBIE P.O. BOX 171043 MIAMI GARDENS FL 33017	syon and tile if applicative (NOT ND DIRECTORS DELETE	13, 1,1 1  LE 1,2 NAME 1,3 STREFT 1,4 CITY-S	of signature requi	nred whon relistating)	DATE	DIRECTORS  Change	S IN 12 Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CHY-ST-ZIP  TITLE	Signature typed or proted name of registered a OFFICERS A P LAUGHLIN, RUBBIE P.O. BOX 171043 MIAMI GARDENS FL 33017 V	agent and tale if approache (NOT ND DIRECTORS	13. 1.1 TILE 1.2 NAME 1.3 STREET 1.4 GITY-S 2.1 TILE	of signature requi	nred whon relistating)	DATE	DIRECTORS	S IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CHY-ST-ZIP  TITLE  NAME	Signature typod or proted name of registered a OFFICERS A P LAUGHLIN, RUBBIE P.O. BOX 171043 MIAMI GARDENS FL 33017 V JACKSON, ZULA	syon and tile if applicative (NOT ND DIRECTORS DELETE	13. 1.1 TILE 1.2 NAME 1.3 STREFT 1.4 GITY-S 2.1 TILE 2.2 NAME	ADDRESS ST- 2IP	nred whon relistating)	DATE	DIRECTORS  Change	S IN 12 Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS	Signature typod or printed name of registered a OFFICERS A P LAUGHLIN, RUBBIE P.O. BOX 171043 MIAMI GARDENS FL 33017 V JACKSON, ZULA P.O. BOX 171043	syon and tile if applicative (NOT ND DIRECTORS DELETE	13. 1.1 IIILE 1.2 NAME 1.3 STREFT 1.4 GITY-S 2.1 IIILE 2.2 NAME 2.3 STREFT	ADDRESS ADDRESS	nred whon relistating)	DATE	DIRECTORS  Change	S IN 12 Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CHY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature typod or printed name of registered a OFFICERS A  P LAUGHLIN, RUBBIE P.O. BOX 171043 MIAMI GARDENS FL 33017 V JACKSON, ZULA P.O. BOX 171043 MIAMI GARDENS FL 33017	syon and tile if applicable (NOT NO DIRECTORS DELETE	1 Registered Ap. 13. 1.1 HILE 1.2 NAME 1.3 STREFT 1.4 CHY-S 2.1 HILE 2.2 NAME 2.3 STREFT 2.4 CHY-S	ADDRESS ADDRESS	nred whon relistating)	DATE	DIRECTORS Change Change	S IN 12 Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CHY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature typod or printed name of registered a OFFICERS A P LAUGHLIN, RUBBIE P.O. BOX 171043 MIAMI GARDENS FL 33017 V JACKSON, ZULA P.O. BOX 171043 MIAMI GARDENS FL 33017 ST	syon and tile if applicative (NOT ND DIRECTORS DELETE	1 Registered Ap. 13. 1.1 THE 1.2 NAME 1.3 STREFT 1.4 CHY-S 2.1 THE 2.2 NAME 2.3 STREFT 2.4 CHY-S 3.1 THE	ADDRESS ADDRESS	nred whon relistating)	DATE	DIRECTORS  Change	S IN 12 Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	OFFICERS A  P LAUGHLIN, RUBBIE P.O. BOX 171043 MIAMI GARDENS FL 33017 V JACKSON, ZULA P.O. BOX 171043 MIAMI GARDENS FL 33017 ST TROUPE, CHIRIBA	syon and tile if applicable (NOT NO DIRECTORS DELETE	13. 1111LE 1.2 NAME 1.3 STREFT 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREFT 2.4 CITY-S 3.1 TITLE 3.2 NAME	ADDRESS ST-ZIP ADDRESS ST-ZIP	nred whon relistating)	DATE	DIRECTORS Change Change	S IN 12 Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CHY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature typod or priced name of registered a OFFICERS A P LAUGHLIN, RUBBIE P.O. BOX 171043 MIAMI GARDENS FL 33017 V JACKSON, ZULA P.O. BOX 171043 MIAMI GARDENS FL 33017 ST TROUPE, CHIRIBA P.O. BOX 171043	syon and tile if applicable (NOT NO DIRECTORS DELETE	1 Registered Ap. 13. 1.1 THE 1.2 NAME 1.3 STREFT 1.4 CITY-S 2.1 THE 2.3 STREFT 2.4 CITY-S 3.1 THE 3.2 NAME 3.3 STREET	ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS	nred whon relistating)	DATE	DIRECTORS Change Change	S IN 12 Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	OFFICERS A  P LAUGHLIN, RUBBIE P.O. BOX 171043 MIAMI GARDENS FL 33017 V JACKSON, ZULA P.O. BOX 171043 MIAMI GARDENS FL 33017 ST TROUPE, CHIRIBA	syon and tile if applicable (NOT NO DIRECTORS DELETE	1 Registered Ap. 13. 1.1 THE 1.2 NAME 1.3 STREFT 1.4 CITY-S 2.1 NAME 2.3 STREFT 2.4 CITY-S 3.1 THE 3.2 NAME 3.3 STREFT 3.4 CITY-S	ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS	nred whon relistating)	DATE	DIRECTORS Change Change	S IN 12 Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CHY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	Signature typod or priced name of registered a OFFICERS A P LAUGHLIN, RUBBIE P.O. BOX 171043 MIAMI GARDENS FL 33017 V JACKSON, ZULA P.O. BOX 171043 MIAMI GARDENS FL 33017 ST TROUPE, CHIRIBA P.O. BOX 171043	Sygnif and title if approache  ND DIRECTORS  DELETE  DELETE	1 Registered Ap. 13. 1.1 THE 1.2 NAME 1.3 STREFT 1.4 CITY-S 2.1 THE 2.3 STREFT 2.4 CITY-S 3.1 THE 3.2 NAME 3.3 STREET	ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS	nred whon relistating)	DATE	DIRECTORS Change Change Change	S IN 12 Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CHY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature typod or printed name of registered a OFFICERS A P LAUGHLIN, RUBBIE P.O. BOX 171043 MIAMI GARDENS FL 33017 V JACKSON, ZULA P.O. BOX 171043 MIAMI GARDENS FL 33017 ST TROUPE, CHIRIBA P.O. BOX 171043 MIAMI GARDENS FL 33017	Sygnif and title if approache  ND DIRECTORS  DELETE  DELETE	1 Registered App. 13. 1.1 THE 1.2 NAME 1.3 STREFT 1.4 GTY-S 2.1 THE 2.3 STREFT 2.4 CTY-S 3.1 THE 3.2 NAME 3.3 STREFT 3.4 CTY-S 4.1 THE	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP	nred whon relistating)	DATE	DIRECTORS Change Change Change	S IN 12 Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CHY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature typod or printed name of registered a OFFICERS A P LAUGHLIN, RUBBIE P.O. BOX 171043 MIAMI GARDENS FL 33017 V JACKSON, ZULA P.O. BOX 171043 MIAMI GARDENS FL 33017 ST TROUPE, CHIRIBA P.O. BOX 171043 MIAMI GARDENS FL 33017	DELETE  DELETE	1 Registered App.  13.  1.1 THE  1.2 NAME  1.3 STREFT  1.4 CITY-S  2.1 THE  2.3 STREFT  2.4 CITY-S  3.1 THE  3.2 NAME  3.3 STREET  3.4 CITY-S  4.1 THE  4.2 NAME	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS ADDRESS	nred whon relistating)	DATE	DIRECTORS Change Change Change	S IN 12 Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CHY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS	Signature typod or printed name of registered a OFFICERS A P LAUGHLIN, RUBBIE P.O. BOX 171043 MIAMI GARDENS FL 33017 V JACKSON, ZULA P.O. BOX 171043 MIAMI GARDENS FL 33017 ST TROUPE, CHIRIBA P.O. BOX 171043 MIAMI GARDENS FL 33017	Sygnif and title if approache  ND DIRECTORS  DELETE  DELETE	1 Fingistered Age 13. 1.1 THE 1.2 NAME 1.3 STREFT 1.4 CITY-S 2.1 THE 2.4 CITY-S 3.1 THE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 THE 4.2 NAME 4.3 STREET	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS ADDRESS	nred whon relistating)	DATE	DIRECTORS Change Change Change	S IN 12 Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CHY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature typod or printed name of registered a OFFICERS A P LAUGHLIN, RUBBIE P.O. BOX 171043 MIAMI GARDENS FL 33017 V JACKSON, ZULA P.O. BOX 171043 MIAMI GARDENS FL 33017 ST TROUPE, CHIRIBA P.O. BOX 171043 MIAMI GARDENS FL 33017	DELETE  DELETE	1 Fingistered Age 13. 1.1 THE 1.2 NAME 1.3 STREFT 1.4 CITY-S 2.1 THE 2.4 CITY-S 3.1 THE 3.2 NAME 3.3 STREFT 3.4 CITY-S 4.1 THE 4.2 NAME 4.3 STREFT 4.4 CITY-S	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS ADDRESS	nred whon relistating)	DATE	DIRECTORS Change Change Change Change	S IN 12 Addition Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CHY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	P LAUGHLIN, RUBBIE P.O. BOX 171043 MIAMI GARDENS FL 33017 V JACKSON, ZULA P.O. BOX 171043 MIAMI GARDENS FL 33017 ST TROUPE, CHIRIBA P.O. BOX 171043 MIAMI GARDENS FL 33017	DELETE  DELETE	1 Fingistered Age 13. 1.1 Title 1.2 NAME 1.3 STREFT 1.4 CITY-S 2 TITLE 2.2 NAME 2.3 STREFT 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREFT 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREFT 4.4 CITY-S 5.1 TITLE	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP	nred whon relistating)	DATE	DIRECTORS Change Change Change Change	S IN 12 Addition Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CHY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	P LAUGHLIN, RUBBIE P.O. BOX 171043 MIAMI GARDENS FL 33017 V JACKSON, ZULA P.O. BOX 171043 MIAMI GARDENS FL 33017 ST TROUPE, CHIRIBA P.O. BOX 171043 MIAMI GARDENS FL 33017	DELETE  DELETE  DELETE  DELETE	1 Fingistered Age 13. 1.1 Till E 1.2 NAME 1.3 STREFT 1.4 CITY - S 2 TILLE 2.2 NAME 2.3 STREFT 3.2 NAME 3.3 STREET 3.4 CITY - S 4.1 TIFLE 4.2 NAME 4.3 STREET 4.4 CITY - S 5.1 TILLE 5.2 NAME 5.3 STREET 5.4 CITY - S 5.4 CITY - S 5.5 STREET 5.6 4 CITY - S	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS ADDRESS	nred whon relistating)	DATE	DIRECTORS Change Change Change Change	S IN 12 Addition Addition Addition Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CHY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	P LAUGHLIN, RUBBIE P.O. BOX 171043 MIAMI GARDENS FL 33017 V JACKSON, ZULA P.O. BOX 171043 MIAMI GARDENS FL 33017 ST TROUPE, CHIRIBA P.O. BOX 171043 MIAMI GARDENS FL 33017	DELETE  DELETE	1 Fingistered Age 13. 1.1 Till E 1.2 NAME 1.3 STREFT 1.4 CITY - S 2 TILL E 2.2 NAME 2.3 STREFT 3.2 NAME 3.3 STREET 3.4 CITY - S 4.1 TIFLE 4.2 NAME 4.3 STREET 4.4 CITY - S 5.1 TIFLE 5.2 NAME 5.3 STREET	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS ADDRESS	nred whon relistating)	DATE	DIRECTORS Change Change Change Change	S IN 12 Addition Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CHY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	P LAUGHLIN, RUBBIE P.O. BOX 171043 MIAMI GARDENS FL 33017 V JACKSON, ZULA P.O. BOX 171043 MIAMI GARDENS FL 33017 ST TROUPE, CHIRIBA P.O. BOX 171043 MIAMI GARDENS FL 33017	DELETE  DELETE  DELETE  DELETE	1 Fingistered Age 13. 1.1 Till E 1.2 NAME 1.3 STREFT 1.4 CITY - S 2 TILLE 2.2 NAME 2.3 STREFT 3.2 NAME 3.3 STREET 3.4 CITY - S 4.1 TIFLE 4.2 NAME 4.3 STREET 4.4 CITY - S 5.1 TILLE 5.2 NAME 5.3 STREET 5.4 CITY - S 5.4 CITY - S 5.5 STREET 5.6 4 CITY - S	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS ADDRESS	nred whon relistating)	DATE	DIRECTORS Change Change Change Change	S IN 12 Addition Addition Addition Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	P LAUGHLIN, RUBBIE P.O. BOX 171043 MIAMI GARDENS FL 33017 V JACKSON, ZULA P.O. BOX 171043 MIAMI GARDENS FL 33017 ST TROUPE, CHIRIBA P.O. BOX 171043 MIAMI GARDENS FL 33017	DELETE  DELETE  DELETE  DELETE	1 Fingistered Age 13. 1.1 Till E 1.2 NAME 1.3 STREFT 1.4 CITY - S 2 TILL E 2.2 NAME 2.3 STREFT 2.4 CITY - S 3.1 TILL E 3.2 NAME 3.3 STREET 4.4 CITY - S 5.1 TILL E 5.2 NAME 5.3 STREET 5.4 CITY - S 6.1 TILL E 5.4 CITY - S 6.1 TILL E	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	nred whon relistating)	DATE	DIRECTORS Change Change Change Change	S IN 12 Addition Addition Addition Addition Addition

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 receive) it trusted in powered to execute this report as required by Chapter 607, Florida Statutes; and that my nature appears in Block 13 or Block 14 or Block 15 or Block 15

CICNATURE.

--

2015-63

51 49 22