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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Moʻztham 🌁

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000044048 (2)

FILED Apr 16 1997 8:00am Secretary of State

	NERATORS, INC.									1)[]]	
Principal Place of Business Mailing Address 5751 SOUTHWEST 45 TERRACE 5751 SOUTHWEST 45 TERRACE MIAMI FL 33155 MIAMI FL 33155-6067						***************************************	W 9411 2 5111 2511		-,-:- 4 -(1		•
						3. Date Incorporate 05/23/1996	d or Qualified	3a. Da	te of La	st Report	
2. Principat Pi	lace of Business	2a. Mailing	Address			4, FEI Number	66240	7		Applied Not Appl	
Suite, Apt. #, etc			Suite, Apt. #, etc.			5. Certificate of Stat	5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & S	State			6. Election Campaig	-			00 May E led to Fee	
7 _(p)	Country 25	Zip 29		30	ntry	8. This corporation Florida Statutes		ntangible Yes		er s. 199.0	32,
	9. Name and Address of Cu	urrent Registered Ag	gent			10, Name and Addr	ess of New Re	gistered /	Agent		
AME	RILAWYER CHARTERED				81 Name	rank LeMaire					
	ALMERIA AVENUE			ŀ	OZI SUBBLAG	idioss (r.O. Dox Hullidoi i	s Not Acceptab	ole)			
COF	RAL GABLES FL 33134			į	57	51 SW 45th	Terrace	<u> </u>			
					83						
				. [84 City				85 2	Zip Code	
_					l Mi	ami		FL		3315	
11 Pursuant	to the provisions of Sections 607	7.0502 and 607.1508,	, Ftorida Statu	ites, the at	pove-named co	orporation submits this state	lement for the p	turpose or	changir ointmont	pe rooist	stered
_	to the provisions of Sections 607 egistered agent or both, in the S in familiar with, and accopyline of All Signarum, typed or panted name of registers	1 Jellas			pove-named co d by the corpor utes.	orporation submits this state ration's board of directors.	lement for the p I hereby accep	DATE	changir ointment	as regist	stered ered
SIGNATURE	Signs care, typed or punted name of registers OFFICE RS	1 Jellas	le. (NO	TE: Registered	ove-named co d by the corpoi utes. d Agent signature re			DATE	DIREC	TORS IN	2
SIGNATURE 12. III.E	Signature, typed or pentist name of registers OFFICERS PSTD	ed agent and little Tappricable		TE: Registered	ove-named or d by the corporates. Agent signature re	quired when reinstating)		DATE		TORS IN	2
SIĞNATURE 12. III.F NAME	Signature, typed or period name of register OFFICERS PSTD LEMAIRE, FRANK P	For the second appricable S AND DIRECTORS	le. (NO	13. 1.1 Till 1.2 N/	ove-named or d by the corporates. Agent signature res	quired when reinstating)		DATE	DIREC	TORS IN	2
SIĞNATURE 12. THEF NAME SIBEH ADDRESS	PSTD LEMAIRE, FRANK P 5751 SOUTHWEST 45 TES	For the second appricable S AND DIRECTORS	le. (NO	13. 1.1 Til 1.2 NA 1.3 ST	cove-named cod by the corporates. J. Agent signature resident signatu	quired when reinstating)		DATE	DIREC	TORS IN	2
SIĞNATURE 12. HILF NAME SIBEH ADDRESS CITY-ST-ZIP	Signature, typed or period name of register OFFICERS PSTD LEMAIRE, FRANK P	For the second appricable S AND DIRECTORS	He. (NO	13. 13. 1.1 TII 1.2 NA 1.3 SI 1.4 Ci	ove-named or do by the corporates. J. Agent signature resident of the corporate signature resident signatur	quired when reinstating)		DATE	DIREC Chan	TORS IN	2 Addition
SIĞNATURE 12. DILE NAME SIBELL ADDRESS GIY-ST-ZIP TILE	PSTD LEMAIRE, FRANK P 5751 SOUTHWEST 45 TES	For the second appricable S AND DIRECTORS	le. (NO	13. 1.1 TH 1.2 NA 1.3 ST 1.4 Ci 2.1 Th	oove-named or d by the corporates. I Agent signature results. LE ME REET ADDRESS TY-ST-ZIP ILE	quired when reinstating)		DATE	DIREC	TORS IN	2 Addition
SIGNATURE 12. HEF NAME SIBELLADDRESS GLY-ST-ZIP TILLE NAME	PSTD LEMAIRE, FRANK P 5751 SOUTHWEST 45 TES	For the second appricable S AND DIRECTORS	He. (NO	DTE: Registered 13. 1.1 TH 1.2 NA 1.3 ST 1.4 Ci 2.1 TH	oove-named cod by the corporates. I Agent signature results LE ME REET ADDRESS TY-ST-ZIP ILE ME	quired when reinstating)		DATE	DIREC Chan	TORS IN	2
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