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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27 1997 8:00am

Secretary of State

Daytime Phone #

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000044433 (6)

appears in Block 12 or Block 13

SIGNATURE:

Principal Place 921 S.E. 20TH FT. LAUDERDA	STREET	Mailing Address 921 S.E. 20TH STREE FT. LAUDERDALE FL						
					3. Date Incorporated or Qualified 05/20/1996	3a. Date of La	ast Report	
2. Principa⊩Pi 21	lace of Business	2a. Mailing Address			4. FEI Number 65-067856	6	Applied For Not Applicable	,
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	.,	75 Additional ee Required]
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be	
Zip 24	Country 25	Zip 29	Coui	ntry	This corporation has liability for Florida Statutes	intangible tax und Yes No	der s. 199.032,	
	9. Name and Address of Curre				10. Name and Address of New R	egistered Agent		
HAY	'S, DAVID			81 Name				
3 00 N. Federal-Highway D ania Fl-33 004				82 Street Add	Iress (NO. Box Number is Not Agreptable)			1
D/L	1114 1 E 00004			83			······································	1
	_			84 PONÍ	- Lmoenote	FL 85	Zip Code 333/6	
11. Pursuant office or ragent a	to the provisions of Sections 607.05 egistered agent, or both, in the Stati m temiliar with, and accept the object	02 and 007.1508/Florida S o of Porida, Sugh change v gativey of, Section 607.050	tatutes, the ab vas authorized 5, Florida Stati	ove-named corpora toy the corpora utes.	poration submits this statement for the tition's board of directors. I hereby acceptance	purpose of chang opt the appointment	ing its registered nt as registered	
SIGNATURE	(152 no., typed of protein the of regulated ag	M. Hay	/	Agent signature requi		DATE	7/97	
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI			ୢୗୢୢଛ
TITLE	Persident	☐ DELETE	1.1 TH	LE F	1000 T	☐ Ch	ange Addition	CR2E034 (9/96)
NAME	DAJIO HA YS A C	4	1,2 NA	ME D	PAJID HAYS DE SINA	o T		াপ্ত
STREET ADDRESS	PONTCandadal	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1.3 ST	REET ADDRESS 🤻	21 S.F. 20 D STA	_, 532		<u> </u>
CHTY-ST-ZIP	FONT Candadale	Jenos 3331			ortender dela Teol	2124 333		_ ૠ
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NAME			3.1 NA	\			ange La radinon	`
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NAME			5.2 NA	ME -				
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CITY-ST-7/2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.,	ry-ST-ZIP				
TITLE		DELETE	6110	LE	· · · · · · · · · · · · · · · · · · ·	☐ Ch	ange Addition	۱ ا
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 ST	REET ADDRESS				
City - St - ZIP				TY-ST-ZIP				_
14. I do herel	by certify that the information supplied indicated on this annihil report or	ed with this filing does not o supplemental annual repo	qualify for the	exemption state accurate and the	ed in Section 119.07(3)(i), Florida Statut at my signature shall have the same lec	es. I further certify	/ that the de under oath: th	at l
I am an c	officer or director of the corporation of	or the receiver or trustee en	npowered to e	xecute this repo	ort as required by Chapter 607, Florida	Statutes; and tha	t my name	