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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

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May 28 1997 8:00am
Secretary of State

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\$31 #. Magnolia St. Arcadia, F1. 33821. 2. Principal Pince of Business 2. Maing Address 2. Maing Address 3. Date incorporated of Qualified 4. FILTY OF CONTROL OF CONTR	Principal Plac	re of Business	Mailing Address			-				
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2. Principle Place of Reserves 2. Mailing Address 3. Fill Names 3. Fil						May 29th, 1996				
Suite, No. 4 600 1	· ·	Place of Business	2a. Mailing Address			4. FEI Number		A	pplied For	
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Pt. Lauderdale						5. Certificate of Status Desired				
20	City & State	.0	City & State			6. Election Campaign Financing		\$5.00	May Be	\Box
Section Statutes Section Sec						Trust Fund Contribution		Added	to Fees	_
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Karim Danial 531-W. Magnolia-StArcadia, Fl. 33821 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutos, the above-named corporation submits this statement for the pursose of changing its registered agont, or both, in the State of Funda Stude change was authorized by the corporation's board of office for registerior agont, or both, in the State of Funda Stude change was authorized by the corporation's board of office for interview to the pullpations of, Section 607.0507, forcit Statutos. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE KRESIDENT'& 1 KRAIM Danial 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE CONSTRUCTORS IN 12 THE CONSTRUCTORS AND DIRECTORS IN 12 THE CONSTRUCTORS AND DIRECTORS IN 12 THE CONSTRUCTORS IN 12 THE CONSTRUCTORS AND DIRECTORS AND DIRECT	24 33	311 25 Broward	[29] [3	30 [
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Ball Pt Lauderdale FL Ball Zip Code 33.33.11 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporations submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's bubmits this statement for the purpose of changing its registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Surgice Indicate Indi	Ka	rim Danial		Ľ.	'Karin	n Danial]
Ball Pt Lauderdale FL Ball Zip Code 33.33.11 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporations submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's bubmits this statement for the purpose of changing its registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Surgice Indicate Indi	53	1 W. Magnolia St.		82	Street Addre	ess (P.O. Box Number is Not Acceptat	ole)			
Process Proc	-Ar-	cadia, Fl. 33821	•	83	027 1	W TILLI AVE.				
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-amende corporation shortly in the State of Floridad. Such clarage was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am itematic all in immediate with an decept the obligations of section 607 0509. For idea Statutes agent. I am immediate with an accept the obligations of section 607 0509. For idea Statutes agent. I am immediate with an accept the obligations of section 607 0509. For idea Statutes agent. I am immediate with a state of Floridad. Such clarage was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am immediate with a state of Floridad. Such clarage was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am immediate with a state of Floridad Statutes, and a state of Floridad State of Floridad Statutes, and a state of Floridad State o	α	·								
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4. I do hereby certify that the information supplied with this filing 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER

5-21-97 954 467-9337