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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # P96000056539 (5)

	ON ANTOINETTE INTER								
					1	3. Date Incorporated or Qualified 07/01/1996	3a. Date	e of Last R	eport
	face of Business	2a. Mailing A	doress		· · · · · · · · · · · · · · · · · · ·	4. FEI Number	!	Ar	oplied For
21 Cuito Au	Il at	26 Suite Ant	# sto			630683820	······································		ot Applicable
Suite, Apt	#, Cic	Suite, Apt	. #, BIG.			5. Certificate of Status Desired		\$8.75 A	Additional equired
City & State	e	City & Sta	te			6. Election Campaign Financing		\$5.00	May Be
23	and the second second	28				Trust Fund Contribution			to Fees
Zip 24	Country	Zip		Country	1	8. This corporation has liability for			. 199.032,
24	9. Name and Address of C	urrent Registered Age		<u> </u>		Florida Statutes 10. Name and Address of New Re	Yes		
	L, MARLON A ESQ.	arront riogistores Ago		81	Name	10. 10.110 110 110 110 110 110 110 110 1	9.010100		
	N. BISCAYNE BOULEVARD	l		82	Street Aric	dress (P.O. Box Number is Not Acceptable)			
30T	H FLOOR, NEW WORLD TO			[Direct Not	(Address (F.O. Box Number is Not Acceptable)			
MIA	MI FL 33132			83					
				84	City		FL	85 Zip	Code
SIGNATURE	Signature typed or protest name of negister OFFICER	red agent and title if applicable S AND DIRECTORS	(NOTE			poration submits this statement for the ation's board of directors. I hereby acce are when reinstaling. ADDITIONS/CHANGES TO OFFICE.	DATE CERS AND I	DIRECTOR	1S IN 12
THEF	DPT	Ĺ	DELETE	1.1 TITLE]		i	Change	Addition
NAME Organization	SOLOMON, LEROY 16214 S.W. 99TH COURT			1.2 NAME	, the proof				
STREET ADDRESS: CITY+ST-ZIP	MIAMI FL 33157			1.3 STREET 1.4 CITY - S	1				
Truf	DVS		DELETE	2.1 TITLE	11-614			Change	Addition
NAME	SOLOMON, WANDA			2.2 NAME	j				
SUBSET ADORESS	16214 S.W. 99TH COURT	•		2.3 STREET	ADDRESS				
CHY-ST ZE	MIAMI FL 33157		DELETE	2 4 CITY-	ST-ZIP			100000	4.24%
THE		<u>L</u>	DELETE	3.1 TITLE			·	Change	☐ Addition
NAME STREET ADDRECS				3.2 NAME 3.3 STREET	Annerce				
City-St ZiP	Í			3.4. CITY-					
Ditte: 411.			DELETE	4.1 TITLE	O, 211			Change	☐ Addition
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET	ADDRESS				
011Y-\$1-20				4.4 CiTY - S	ST-ZIP				
1:fLF		Ĺ.	DELETE	5.1 TITLE			ι	Change	Addition
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREET					
CHY SI-7IP			DELETE	5.4 CITY - S 6.1 TITLE	ST - ZIP			Change	Addition
Till f		L.	1 OFFETE	6,2 NAME				Change	Roumon
NAME crare no agree				6.3 STREET	Anness				
STELL ALJRESS	1			0.3 5 INCE	VOTAVE 29				

64 CITY-ST-ZIP

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 about 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 directly full the curporation of the receiver of trustee employeered 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:

TUBE AND HEED OF PRINTED NAME OF BROWING OFFICER OR DIRECTOR

28/97 305272-1106

FILED

May 09 1997 8:00am

Secretary of State