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FILE NO	FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00							FILED					
CORPOR	PROFIT CORPORATION NNUAL REPORT			FLORIDA DEPARTMENT OF STATE  Katherine Harris			99 APR -6 PM 2: 04  SECREMENT OF STATE TALLAHAUSHE, FLORIDA						
	1999 DIVISION OF CORPORATIONS												
DOCUME  1. Corporation Name	14 1 77	9600	0065	5437									
AIIS	ar Em	ibroic	lery,	inc.									
Principal Place of Bu	1. 29th		Mailing Ad	9720 P	ines Blvd								
Wilton Manors, Fl 33311 Pembroke Pines, Fl 33024								DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed					
			·					8- 3	2-46				
2. Principal Place of 21 51 SV Suite, Apt. #, etc.	Janh Janh	Ave	2a. Mailing 26 28 Suite	Apt #. etc	ison Sta	:	4. FEI Number		8739	75		plied For Applicable	
22			27			-	5. Certifoate o	of Status	Desired	X	Fee Re		
23 FF Lau	uderdale		28 City &	ywood,	PI		6. Election Ca Trust Fund	_	-	7)	<b>\$5.00</b> Added to		
z <sub>4</sub> 33312	Country 25 Name and Addre	นร	29 33	3030 3	of Country U.S		<ol> <li>This corpor Personal P</li> <li>Name and</li> </ol>	roperty T	ax		[]Yes	<b>K</b> No	
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					84 City	olly	mood			FL,	85 239	3620	
<ol> <li>Pursuant to the position of fice or register</li> </ol>	provisions of Section agent. or both.	ions 607.0502 in the State of	and 607,1508 Ftorida, Such	, Florida Statutes, change was auth	the above-named orized by the corp	l corpora xoration's	ition submits the board of direct	is statem tors. The	ent for the pureby accept to	rpose of c	hanging its i	registered listered	
agent. I am Jami	liar with, and acce	pt the golgatio	ns of Section	607.0505, Florid	a Statutes		_			1	11/00	o.ca	
SIGNATURE /	typed or printed name	of registered agent a	and tit et applicable	$\sim 20$	JUJAT ( Egistered Agent signature)	regared wh	ESPIZ	nozi		DATE #	14/44		
12.	Ol	FFICERS AND	DIRECTORS		13.			CHANG	ES TO OFFIC	FRS ANI	DIRECTO	RS IN 12	
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14. Thereby certify that the information supplied with this filting does not qualify for the examption stated in Section 119 07(3)(i). Florida Statutes. I further certify that the information supplied with this filting does not qualify for the examption indicated on this annual report or supplemental annual report is frue 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR.

64 CITY ST-ZIE

63 STREET ADDRESS

NAME

STREET ADDRESS

(954)-120-7177