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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

(8)

FILED Apr 17 1997 8:00am Secretary of State

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								3. Date Inco		or Qualifie	d Sa.	Date of Last i	Report
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24 333		25 Broward	29 333		30 Br	MAID		Florida St			Yes	☐ No	
0.00		and Address of Current	Registered Agent	<u>. </u>	ä	1 Name	1(o. Name an	d Addre	es of New	Registere	d Agent	
	IENZA, RAI				ľ	Name							
	26 86TH W	GARDENS FL 33418			8	2 Street A	Address	(P.O. Box N	umber is	Not Accep	table)		
PALI	M DEAUN	CARDENS IL 33410			8	3 11							
					L	406	<u> </u>	FEDLA	ALI	1WY			
					8	4 City	2011	hous e	Da		F	85 Zip	Code
11. Pursuant h	o the provisi	ions of Sections 607.0502	and 607,1508, Flo	rida Statute	s, the abo	ve named.	e Toral						
office or re	egistered ag	ions of Sections 607.0502 gent, or both, in the State o ith, and accept the obligati	f Florida, Such cha	ange was at	uthorized I	y the only	poretton's	board of di	rectors. I	hereby ac	cept the a	ppointment as	registered
	Ran	dall safifma	4	7.0000, 170	KIA SUKUK								
SIGNATURE	Signature typed	or printed name of registered agent		INOTE	Registred A	gent signature i	required wh	en reinstating)			DATE		
12.		OFFICERS AND			13.							ND DIRECTO	RS IN 12
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14. I do hereb	v certify that	it the information supplied	with this filling doe	not qualify	6.4 CIDA John Thores	emption at	tated in S	Section 119	07(3)(1)	Torida Stati	utes. I furti	ner certify that	the
information Lam an of	n indicated o ficer or direc	on this annual report or su ctor of the corporation or the or Block 13 if changed or c	pplemental annual receiver or trust	l report is #0 tee embowe	ue and acc	urate and cute this re	that my report as	signature el required by	all heve Chapter	the same le 607, Florid	gal effect a Statutes;	as if made un and that my	ider oath; that name

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Date Davime Ph