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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

FILED May 05 1997 8:00am Secretary of State

1. Corporation Name CUSMAN ENTERPRISES, INC. Principal Place of Business Mailing Address 2500 NW 13RD ST., AP. 113 MIAMI FL 33125 MIAMI FL 33125									
						3, Date Incorporated or Qualified 11/13/1996	Sa, Da	te of Last I	Report
	Place of Business	2a, Mailing Address	\$			4, FEI Number	·l	L-A	pplied For
21		26							lot Applicable
Suite, Apt 22	#, etc.	Suite, Apt. #, et	С			5. Certificate of Status Desired			Additional tequired
22] Crty & Stal	ile	City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip		untry		8. This corporation has liability for			s. 1 9 9.032,
24	25 25 Name and Address of Curre	29	30	<u> </u>		Florida Statutes 10. Name and Address of New Ro		No	
	<u> </u>	in registered Agent		81 Na	me	10' Mattie and vocates of Lieu Hi	a Alerana y	Gent	
	SMAN, JUAN C XX NW 13RD ST., AP. 113			82 Str	oot Addro	es (P.O. Box Number is Not Accepta	blal		····
	MI FL 33125			52 51	eet Audie	ss (r.O. Box Nombel is Not Accepta	DIG)		
				83					
				84 Cit	у			85 Zip	Code
	607.06	00 COT 4500 Flacido	Contides the			and a ship statement for the	FL		ita annieta and
	t to the provisions of Sections 607.05 registered agent, or both, in the Stati am familiar with, and accept the oblig	e of Florida, Such change gations of, Section 607.05	was authorize 05, Florida Sta	id by the itules	corporatio	on's board of directors. I hereby acce	ipt the appo	ointment as	s registered
SIGNATURE	A								
	Signature, typed or printed name of registered as					d when reinstating)	DATE	DIRECTO	RS IN 12
SIGNATURE 12. INLE	Signature, typed or printed name of registered as	gent and trie if applicable ND DIRECTORS DELE	13.	ed Agent sig			DATE	DIRECTO	RS IN 12
12.	Signature, typed or printed name of registered as OFFICERS AN	ND DIRECTORS	13. TE 1.11	ed Agent sig		d when reinstating)	DATE		
12. THUE	OFFICERS AND DP CUSMAN, JUAN C 2500 NW 13RD ST., AP. 113	ND DIRECTORS	13. TE 1.1 1 1.2 4	ed Agent sig	nature required	d when reinstating)	DATE		
12. 1)TLF NAME STREET ADDRESS OFFY-ST-ZIP	Signature, tyred or printed name of repstered as OFFICERS ANDP CUSMAN, JUAN C	ND DIRECTORS	13. TE 1.11 1.24 1.35 1.40	ed Agent eig ITLE IAME STREET ADDR	nature required	d when reinstating)	DATE	Change	Addition
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