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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 19 1997 8:00am Secretary of State

1997 DIVISION OF CORPORATIONS					Scordiary of State		
	MENT # P9600 SON, INC.	00095992 (9	9)		L LEANIORS NO IDNO SHIM DOIN EDHL SKIN DON) (8) 91 <u>91) 18</u> 18 18 18 18 18	
Principal Plac	e of Business	Mailing Address					
222 NORTH HIAWASSEE ROAD APT 46 ORLANDO FL 32835		222 NORTH HIAWASI	SEE ROAD				
		APT 46 ORLANDO FL 32835-1076			Date Incorporated or Qualified		
21	idoo of business	26	•		69734058	···	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	C.			\$8.75	
22		27			5. Certificate of Status Dosired	Fee Re	
City & Stat	o and a second	City & State			6. Election Campaign Financing	\$5.00	
Zip	Country	28 		ountry	Trust Fund Contribution L	Added 1	
24 Zip	25 Country	29	30	от и	8. This corporation has liability for intar Florida Statutes You		199.032,
	9. Name and Address of Cu		1001		10. Name and Address of New Regist		
ALLI	RAHIM			81 Name			
222	NORTH HIAWASSEE ROAD			B2 Street Ac	dress (P.O. Box Number is Not Acceptable)		
APT							
ORL	ANDO FL 32835			83			
				84 City		FL 85 Zip 0	Code
office or r	to the provisions of Sections 607 egistered agent, or both, in the S im familiar with, and accept the c	State of Eforida. Such change.	was authorize	ed by the corpo	orporation submits this statement for the purp ration's board of directors. I hereby accept th	ose of changing its	s registered registered
SIGNATURE	in manimal with anteractory incide	inigations of, section bor.esc	JO, FIORICIA SIA	aigice.			
	Signature, typed or pented name of registers					MIE DIRECTOR	
12.	OFFICERS	S AND DIRECTORS DELET	13.	· VIIVE T	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR Change	S IN 12 Addition
NAME	ALU, RAHIM	LJ been		NAME		Onlings	L' Tradinor
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14. I do hereby certify that the information supplied with this filing does not qualify for the feemption stated in Section information indicated on this annual report or supplemental annual report is true and courate and that my signal I am an officer or director of the corporation or the receiver or trustee empowered to receive this report as required appears in Block 12 or Block 13 if changed or on an attachment with an address.

reniption stated in Section 119.07(3)(i). Horida Statules, I furner certify that the curate and that my signature shall have the same legal effect as if made under oath; that ecute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

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-3-11-97