## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

| DOCUM<br>1. Corporation I<br>FERM/                   |   | (1)  |   | E DERVIEND AN RENHE BANK DIGIT MEDIL   |                                       |
|--|---|--|---|--|---------------------------------------|
| Frincipal Place of<br>3421 MW 32<br>FT LAUDERI<br>US |   | Mailing Address 3421 NW 32ND WAY FT LAUDERDALE FL 3 US   | 3309  |  |                                       |
| •  |   |  |   | 3. Date incorporated or Qualified 10/17/1990   | 3a. Date of Lest Report<br>03/16/1995 |
| 2. Principal Plac                                    |   | 2a. Mailing Address<br>26                                |   | 4. FEI Number<br>65-0227262  | Applied For Not Applicable            |
| Suite, Apt #   |   | Suite, Apt. #, etc.                                      |   | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required        |
| City & State   |   | City & State   |   | Election Campaign Financing     Trust Fund Contribution  | \$5.00 May Be Added to Fees           |
| Zip  | Country   | 7 <sub>[D</sub>  | Country<br>30   | This corporation has liability for interpretation       Florida Statutes       Yes   | angible tax under s 199.032,          |
| 24]  | 9. Name and Address of Current Ro   | . I  |   | 10. Name and Address of New Reg  |                                       |
| ILIOVITO<br>2206 H                                   | LIA ROSS<br>CHAR MANELLA P.A.<br>OLL WOOD BLVD.<br>WOOD FL 33020  |  | 82 Street Address 7 80  | SEAN LAPIERR  BEST (P.O. BOX Number is Not Acceptable)  BEST OF CONTROL  BEST (P.O. BOX Number is Not Acceptable)  BEST OF CONTROL  BEST (P.O. BOX Number is Not Acceptable)  BEST OF CONTROL  BEST (P.O. BOX Number is Not Acceptable)  BEST OF CONTROL  BEST (P.O. BOX Number is Not Acceptable)  BEST OF CONTROL  BEST (P.O. BOX Number is Not Acceptable)  BEST OF CONTROL  BEST (P.O. BOX Number is Not Acceptable)  BEST OF CONTROL  BEST (P.O. BOX Number is Not Acceptable)  BEST OF CONTROL  BEST (P.O. BOX Number is Not Acceptable)  BEST OF CONTROL  BEST (P.O. BOX Number is Not Acceptable)  BEST OF CONTROL  BEST (P.O. BOX Number is Not Acceptable)  BEST OF CONTROL  BEST (P.O. BOX Number is Not Acceptable)  |                                       |
| or registere   | ad adent, or hooth, in the State of Florida. In and according to edification of Section and probability of probability and registered agent and | Such change was authorize<br>607.0505, Florida Statutes. | d by the corporation's boar  E. Registered Agent signature inquires |  | tment as registered agent. I am       |
| 12.  | PD OFFICERS AND D   | IRECTORS DELETE  | 13.<br>1.1 TITLE  | ADDITIONS/CHANGES TO OFFICE  | Change Addition                       |
| NAME   | TESSIER, FERNAND<br>4625 OCEAN DR   | percit   | 1.2 NAME<br>1.3 STREET ADDRESS                                      |  | 2                                     |
| STREET ADDRESS CITY-ST-ZIP                           | LAUDERDALE BY SEA FL  |  | 1.4 CITY-ST-ZIP   |  |                                       |
| TITLE  | ST  | DELETE   | 2 1 TiTLE   |  | Change Addition                       |
| NAME<br>SIREH ADDRESS                                | Tessier, Fernand<br>4625 Ocean Dr   |  | 2.2 NAME<br>2.3 STREET ADDRESS                                      |  |                                       |
| C-TY-ST-Z-P  | LAUDERDALE BY SEA FL  |  | 2 4 CITY - ST - ZIP   |  |                                       |
| TITLE  |   | DELETE   | 3 1 TITLE   |  | Change 🔲 Addition                     |
| NAME   |   |  | 3 2 NAME  |  |                                       |
| STREET ADDRESS                                       |   |  | 3.3 STREET ADDRESS  |  |                                       |
| CITY-ST-ZIP  |   | ☐ DELETE   | 3 4 CITY - ST - ZIP<br>4 1 TITLE                                    |  | Change Addition                       |
| Tille  |   | M DELETE   | 4 1 111LE<br>4 2 NAME   |  | El cuerdo El controli                 |
| NAME<br>STREET ADDRESS                               |   |  | 4 3 STREET ADDRESS  |  |                                       |
| CITY-ST-ZIP  |   |  | 44 CITY-SI-ZIP  |  |                                       |
| TillE  |   | DELETE   | 5 1 TITLE   | La contraction of the contractio | Change Addition                       |
| NAME   |   | _  | 5.2 NAME  |  |                                       |
| STREET ADDRESS                                       |   |  | 5 3 STREET ADDRESS  |  |                                       |
| CITY - ST - 7IP                                      |   |  | 5.4 CITY - ST - ZIP   |  |                                       |
| TITUE  |   | DELETE   | 6 1 TITLE   |  | Change Addition                       |
| NAME   |   |  | 6.2 NAME  |  |                                       |
| STREET ADORESS                                       |   |  | 6 3 STREET ADDRESS  |  |                                       |
| CHY-ST-ZIP   |   |  | 64 CITY-ST-ZIP  | Godford and the Continue of Co | 7/2004) Florido Chat then 1 fuebro-   |
| 14. I do hereb<br>certify that                       | the information indicated on this annual.   | report or supplemental anni                              | ual report is true and accura                                       | for the exemption stated in Section 119.0 ate and that my signature shall have the sale report as required by Chapter 607. Flore   | ame legal ellect as it made under     |

oath; that I am an officer or director of the corporation or the receiver or trustee en appears in Block 12 or Block 13 if changed, or on an attachment with an address.