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PROFIT CORPORATION ANNUAL REPORT

1996

REDWILLOW, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Scoretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

S09526

(2)

FILED 96 MAY 10 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

								l Billil Billil	
Principal Place of E	Business	M	iling Address						
P O BOX 649 P O BOX 649 MIAMI FL 33137 MIAMI FL 33137									
MIAMI PL 3313/						3. Date incorporated or Qualified 10/30/1990	3a. Date o	1 Last Rec 4/27/19	95
, Principal Place	of Business	2a.	Mailing Address			4. FEI Number 65-0224278	L		pplied For
1 mopur noso	· • • • • • • • • • • • • • • • • • • •	26				00-0224216			lot Applicable
Suite Apt. #, e	tc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional tequired
		27	City & State	<u></u>		6. Election Campaign Financing			May Be
City & State		28	City & State			Trust Fund Contribution			to Fees
Zip	Country	1201	Zφ	Cou	ntry	8. This corporation has liability for		under s	199.032,
ziμ	25	29	·	30		Florida Statutes 💆 Ye			
	9. Name and Address of Curren	t Regis	tered Agent			10. Name and Address of New	Registered A	gent	
					81 Name				
	DEZ, LISA			,	82 Street Add	dress (P.O. Box Number is Not Accepta	ible)		
500 COCONUT CIRCLE			02						
WESTON	FL 33326-0319				83				
					84 City		FL	85 Zip	Code
						oration submits this statement for the p and of directors. I hereby accept the ap	woose of char	J J	enistered offi
12. TILE	OFFICERS AN	[/ L/III 1L	DELETE	13.		ADDITIONS/CHANGES TO OF] Change	Addition
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14. I do hereby certify that the information supplied with this filing is vountarly turnished and coes not quality to the exemption saled in the same legal effect as if made under certify that the information 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 certify that I am an officer or director of this 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 our an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 8/96 (954) 384 8203