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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

CLAU	n Name UDE LATHING, INC.	0115 (6)	,	I nedakki dalihari kalanda kina kina kada dali bira bira bira bira bira bira bira bir	
Principal Place 2240 NW MIAMI FL	177TH TER	Mailing Address 2240 NW 177TH TER MIAMI FL 33169			
				3. Date Incorporated or Qualified 11/26/1990 3a. Date of Last Report 04/25/1995	
2. Principal Pla	ace of Business	2a. Mailing Address 26		4. FEI Number Applied For 65-0226953 Not Applied	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additiona	
City & State	0	City & State		6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution Added to Force	
3 - Zip	Country	28] Zip	Country	This corporation has liability for intangible tax under s 199,032,	
4	25 9. Name and Address of Cu	29 rrent Registered Agent	[30]	Florida Statutes Yes No 10. Name and Address of New Registered Agent	
2240	T, Basil B. 177th Ter I FL 33169		81 Name 82 Street Add 83 84 City	dress (P.O. Box Number is Not Acceptable)	
or registere	eo agent, or both, in the State of t	0502 and 607.1508, Florida Statu Florida, Such change was authori	tes, the above-named corpo	oration submits this statement for the purpose of changing its registered o	
rannilar wit _ SIGNATURE	th, and accept the obligations of, s	Section 607.0505, Florida Statute	s.	ard of directors. I hereby accept the appointment as registered agent. I an	
SIGNATURE _	Signature, typod or privided name of registered. OFFICERS	agent and title (Lapplicable) (N AND DIRECTORS	290 by the corporation's pos S. OTE: Registered Agent signature require 13.	ard of directors. I hereby accept the appointment as registered agent. I an	
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certify that the information inlocated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am an officer or director of the 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 on an attachment with an address. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: __