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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Suite, Apt #, class	1997	5110101101			
Principal Prin	1. Corporation Name	\ /			
Manifest Auditions Manifes					1111
## POLLYWOOD FL 3020 ## POLLYWOOD FL 3020 ## POLLYWOOD FL 3020-5017 Suite And W. cluster Suite And W. cluste	Principa' Place of Business	Mailing Address			REN ANTIL DIGIL ELEKI BIDIL ALDIN 1881
2. Principal Place of Business 2. Maining acideness 3. Suite, Apt. 8. cit. 2. Suite, Apt. 8. cit. 3. City & Stato 3. Defect in Country 4. Suite Apt. 8. cit. 4. Suite Apt. 8. cit. 5. Conflicate of Status Desired 5. Country 5. Off May Defect in Country 6. Name and Address of Current Registered Agent 7. ThOMAS, FRANK 1917 HARRISON ST HOLLYWOOD FL 33020 8. This corporation has liability for interpolate and address of New Registered Agent 10. Name and Address of New Registered Agent 11. Furnament to the processory-exceptions of 7 of 9 of Apr. 9 of Stato Changing was authorized by the corporation's board of directors. Thereby acapital was price of changing its register of agent Lam furnishment, and adopt the composition was authorized by the corporation's board of directors. Thereby acapital was price for the purpose of continging its register of agent Lam furnishment, and adopt the continuous of Section 607 6505. Elonida Statutes. 1. Street Address (P.O. Box Number) is statement for the purpose of continging its register of agent Lam furnishment, and adopt the compositions of Section 607 6505. Elonida Statutes. 1. Street Address (P.O. Box Number) is the statement for the purpose of continging its register of agent Lam furnishment, and adopt the compositions of Section 607 6505. Elonida Statutes. 1. Street Address (P.O. Box Number) is the statement for the purpose of continging its register of agent and the composition of the purpose of continging its register of agent and the composition of the purpose of continging its register of agent and the composition of the purpose of continging its register of the composition of the purpose of the composition of the composition of the composition of the purpose o					
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Suite, Apt. #. ctu. Suite, Apt. #. ctc.	- 114	→	1	4. FEI Number	Applied For
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Zip Country Zip Country Zip Country 8. This corporation has liability for intangible tax index s. 199.032 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of	City & State	City & State			\$5.00 May Be
THOMAS, FRANK 1917 HARRISON ST HOLLYWOOD FL 33020 11. Pursuant to the provisions of Sections 607 0 or Ind 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of obliging its register of or registered agent. In terminative that any object of the provisions of submits the statement for the purpose of obliging its register of or registered agent. In terminative that any object the provisions of submits the statement for the purpose of obliging its register agent. In terminative that any object the provisions of submits the statement for the purpose of obliging its register agent. In terminative that any object the provisions of submits any object to the provision of provisions	Zip Country	Zip	- , '	8. This corporation has liability for i	ntangible tax under s. 199.032,
1917 HARRISON ST HOLLYWOOD FL 33020 82 Street Address (P.O. Box Number is Not Acceptable) 83			, , , , , , , , , , , , , , , , , , ,		
t1. Pursuant to the provisions of Sections 607 0107 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of obliging its register of directors. I hereby accept the purpose of obliging its register agent. I am familiarity this and a cept the pullipations of Section 607.0505. Elorida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THOMAS, FRANK 12 NAME SHRET ADDITS DELETE 1.1 TITLE THOMAS, FRANK 1917 HARRISON ST HOLLYWOOD FL DELETE 2.1 TITLE DELETE 2.1 TITLE DELETE 2.1 TITLE DELETE 2.1 TITLE DELETE 3.3 STREET ADDRESS CHY-S1-72P DELETE 3.4 CHY-S1-72P DELETE 3.5 TREET ADDRESS CHY-S1-72P DELETE 3.5 TREET ADDRESS CHY-S1-72P Change Add Add Add Add Add Add Add A				dress (P.O. Box Number is Not Acceptab	le)
11. Pursuant to the provisions of Sections 607 00 of Aid 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of agent, or by the intre-Streen Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THOMAS, FRANK 12. NAME 13. TITLE THOMAS, FRANK 1917 HARRISON ST HOLLYWOOD FL DELETE 2.1 TITLE NAME SIMILE ADDRESS CITY-ST-7P DELETE 3.3 STREET ADDRESS CITY-ST-7P DELETE 3.3 STREET ADDRESS CITY-ST-7P DELETE 3.4 CITY-ST-7P Change Add Add Add Add STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-7P			84 City		FL 85 Zip Code
Suppose Part Suppose	Pursuant to the provisions of Section office or registered agent, or but agent. Lam familiar with, and the control of the	ns 607 0.00 And 607.1508, Florida Statutes In the State of Florida Such change was au opt the officiations of Section 607.0505 Flori	s, the above-named con thorized by the corpora da Statutes.	rporation submits this statement for the p ation's board of directors. I hereby accep	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	SIGNATURE	1101		- //	
DELETE					ERS AND DIRECTORS IN 12
1917 HARRISON ST	ille J D '		1.1 TITLE	<u> </u>	
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6.4 CITY - ST - ZIP 14. I do hereby certify that the information s information indicated on the annual rep I am an officer or director of the corpor appears in Block 12 or Block 13 if chap upplied with this filing do ort of supplemental annu-ition or the receiver or try is not country for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the full report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

4.4 CITY - ST - ZIP

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-2IP

51 TITLE

52 NAME

6.1 TITLE 6.2 NAME

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CITY - ST - ZIP

THEF NAME

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Apr 14 1997 8:00am

Secretary of State

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