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 DOCUMENT #

1. Corporation Name

(1)

S A SUF	PPORT CORP.							
Principal Place of	Business	Mailing Address			(13 EMIL MINIT MINIT AI	11) B(B))	CIBIL MINIS 1881
3191 CORAL W		3191 CORAL WAY						
SUITE 405	ומו	405			ľ			
MIAMI FL 33145 MIAMI FL 33145					Date Incorporated or Qualified			
US		US			01/04/1991	04/2	6/199	
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number			Applied For
1		26			65-0257368		╌┸╌╌	Not Applicable
Suite, Apt. #,	etc	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
2		27			1			
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution			0 May Be d to Fees
3	Country	28	Countr	v	This corporation has liability for	intangible tax u		
Zip 4	Country 25	29	30	,	Florida Statutes	s 🔲 No		
4]	g. Name and Address of Curre				10. Name and Address of New	Registered Ag	ent	
			8	Name				
MALISED	JAMES A.		8	Street Addr	ess (P.O. Box Number is Not Accepta	ble)		
3191 CO) Otroot rada				
SUITE 40			8:	3				
MIAMI FL			B.	4 City			85 Z	p Code
				1	ration submits this statement for the po	FL		
SIGNATURE	lyneture, typed or printed name of registered age OF FICERS Af	ND DIRECTORS	13.	ent signature require	ADDITIONS/CHANGES TO OF			
TITLE	D	☐ DELETE	1 1 1111	Ε			Change	Add-tion
NAME	HAUSER, JAMES A.		1.2 NAM					
STREET ADDRESS	3191 CORAL WAY #405			ET ADDRESS				
CITY-ST-ZIP	MIAMI FL	E DECETE	1.4 C/TY 2 1 T/TL	-ST-ZIP		in .	Chan je	Addition
TITLE	P	DELETE	2 1 111C				•	
NAME	GOUDA, NASSER			ET ADDRESS				
STHEET ADDRESS	3191 CORAL WAY #405 MIAMI FL			- SI - ZIP				
TITLE	VP	DELETE	3 1 7171				Change	☐ Addition
NAME	HAUSER, JAMES A		3 2 NAM	ıE ,				
STREET ADDRESS	3191 CORAL WAY #405		33 SIR	EFT ADDRESS				
CHY-ST-ZIP	MIAMI FL.		3.4 CITY	- S1 - ZIP			<u> </u>	- Addition
THE		☐ DELETE	4 1 1(1)	.E		L	Charge	Addition
NAME			4.2 NAN					
STREET ADDRESS				EET ADDRESS				
CITY - S1 - ZIP		E or ru		(-ST-ZIP			Char ge	Addition
TITLE		☐ DELETE	5 1 TiT			J		
NAME			5 2 NAN	EET ADDRESS				
STREET ADDRESS				Y-ST-ZIP				
CHY-ST-ZIP		DELFTE	6 1 111				Change	Addition
TITLE		_,,	62 NA)					
NAME STREET ADDRESS				EET ADORESS				
			6470	V- S1.71P				
14. I do hereb	y certify that the information supplie	d with this filing is voluntarily fo	urnished and c	oes not qualify	for the exemption stated in Section 1	19.07(3)(k), Florid No same legal e	da Stat	lutes. I further : if made under

annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made unde torporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name from an attachment with an address. certify that the information indicated on this oath; that I am an officer or director of the appears in Block 12 or Block 13 if change JAMES A. HALLER 4/26/96 (305) 529-1900

SIGNATURE: