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 S30608

(1)

L-1011 PARTNERS, INC.

FILED May 24 1996 8:00 am Secretary of State

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- 1		81811 BLBH B'RH B'RH 1881

Principal Place	of Business	Mailway Actalyana						
· ·		Mailing Address						
950 S.E. 12TH ST. HIALEAH FL 33010		950 S.E. 12TH ST. HIALEAH FL 33010						
Ī					3. Date Incorporated or Qualified 02/08/1991	3a. Date of	Last Re /31/19	
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number			poled For
21		26					ot Applicable	
Suite, Apt. #, etc. St		Suite, Apl. #, etc.	Suite, Apl. #, etc.		\$9.75 Addition			
22 27		27			5. Certificate of Status Desired Fee Required			equired
City & State		City & State	City & State		6. Election Campaign Financing	in Financing\$5.00 May Be		
23		28					to Fees	
Zip	Country	Z/p	Cour	ntry	8. This corporation has liability for i		inder s	199.032,
24	9. Name and Address of Current	29 Pagistared Ament	30		Florida Statutes Yes			
	g. Name and Address of Content	negistered Agent		81 Name	10. Name and Address of New R	egistered Ag	ent	
PALAT	70. NICOL 40			T TAGIN IC				
	ZO, NICOLAS			82 Street Add	ress (P.O. Box Number is Not Acceptab	e)		
	12TH STREET		-	83				
HIALEA	VH FL 33010							
				84 City		FL	65 Zip	Code
11. Pursuant to	the provisions of Sections 607 0500	and 607 1508. Etwida Statu	tos the abov	no pagnad corre	ration submits this statement for the pur			ainternal office
or registere	ed agent, or both, in the State of Florid h, and accept the obligations of, Section	a. Such change was aumon,	zea by the c	orporation's boa	ird of directors. Thereby accept the appo	pintment as rec	gistered a	agent Lanı
SIGNATURE _	Signature, typed or pointed name of registered agent a	odite dapsakača⊹ (N	Off Registered.	Agent signature regime	ad where reneat tring)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI	CERS AND DI	RECTOF	RS IN 12
THEE	DV	DELETE	1.179	LE			Change	Addition
NAME	Meenan, Bill		1.2 NA	ME				
STREET ADDRESS	5400 NW 36TH STREET		13 SI	REET ADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 Cti	Y - S1 - ZIP				
TITLE	PD	DELETE	2 1 T 1	TLF			Change	Addition
NAME .	WELLS, AL		2.2 NA	M:				
STREET ADDRESS	950 SE 12TH STREET		2351	REET ADDRESS				
CITY-ST-ZIP	HIALEAH FL			Y-ST-ZIP				
TITLE	S	☐ DELETE	3 T Til				Change	Addition
NAME	BATCHELOR, ANNE O.		3 2 NA	Mi				
STREET ADDRESS	950 SE 12TH ST.			REET ADORESS				
CITY-ST-ZIP TITLE	HIALEAH FL	FILE		Y ST-ZIP			Dh.s.i.	FT 4450
	LICOMO LOURI	DELETE	4 1 10	į.		LI (Change	Addition
NAME CTREET ADDRESS	HIGGINS, JOHN		4 2 NA	+				
STREET ADDRESS	950 SE 12TH ST. HIALEAH FL			REET ADDRESS				
CITY-ST-ZIP TITLE	AS	DELE FE		Y - ST - ZIP			Change	☐ Addition
NAME	DAWSON, HUMPHREY	× Siller	5 1 TITLE 5 2 NAME				опанус	☐ Addition
STREET ADDRESS	950 SE 12TH ST.			REET ADDRESS				
CITY-ST-ZIP	HIALEAH FL			Y-ST-ZIP				
TITLE	VAS	DELETE	€ 1 TI					Addition
NAME	FINAZZO, NICOLAS		6 2 NA			Ц,	o migi.	L Hadillon
STREET ADORESS	950 SE 12TH ST.			REFT ADORESS				
CITY-ST-ZIP	HIALEAH FL			Y-ST-21F				
D1 - A11	I IN APPLICATION		0.9 011	1-31-711				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes i further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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

5-16-96 305 889-6220