FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

1. Corporation Name

S34828

(1)

FILED Apr 24 1996 8:00 am Secretary of State

Principal Place	of Business								
SUITE 118		9965 MIRAMAR SUITE 118							
MIRAMAR I US	FL 33025	MIRAMAR FL 3 US	MIRAMAR FL 33025 US		3. Date Incorporated or Qualified 02/27/1991	05/12/1995			
2. Principal Pla 21	ace of Business	2a, Mailing Address 26	2a, Mailing Address 26			4. FEI Number 65-0245600			Applied For Not Applicable
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, et	lc.			5. Certificate of Status Desired			Additional Required
City & State		City & State	₁ '			6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution			d to Fees
Zip 24	Country 25	Zip 29	30 Co	untry		_	[]No		199.032,
	g. Name and Address of Cur	rent Registered Agent		1		10. Name and Address of New F	egistered /	(gent	
ı				81	Name				
CASTILLO, ROBERT M. 9965 MIRAMAR PARKWAY				82	Street Add	dress (P.O. Box Number is Not Acceptable)			
SUITE				83					
MIRAN	MAR FL 33025			84	City		FL	85 Zi	p Code
familiar wit	th, and accept the obligations of, S Signature, typed or printed name of registered a	ection 607.0505, Florida Stagent and title Papplicable.	(NOTE: Register	ed Age r		ard of directors. I hereby accept the app	DATE		
12.	F	AND DIRECTORS DELETE	13.	TITLE		ADDITIONS/CHANGES TO OFF		Change	Addition
TITLE NAME	D Castillo, Robert M			NAME			L-		
STREET ADDRESS	9965 MIRAMAR PARKW	AY, SUITE #118			r address				
CITY-ST-ZIP	MIRAMAR FL	,		CITY-S					
TITLE		DELETE	2.1	TITLE				Change	☐ Addition
NAME			22	NAME					
STREET ADDRESS			23	STREET	ADDRESS				
CITY - ST - ZIP		f"l protri			ST-ZIP			Change	☐ Addition
TITLE		☐ DELETI		TITLE NAME			L		LJ AGOIION
NAME STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP			1		ST-ZIP				
TITLE		☐ DELET		TITLE				Change	☐ Addition
NAME			4.2	NAME					
STREET ADDRESS			4.3	STREET	T ADDRESS				
CITY-ST-ZIP				CITY-S				7 06	Addition
TITLE		DELETI		TITLE			Ĺ	Change	Addition
NAME				NAME	T ADDOCCO				
STREET ADDRESS					T ADDRESS				
CITY - ST - ZIP		["] DELETI		TITLE	ST-ZIP		ſ	Change	Addition
TITLE		_ pecen	ľ	NAME					
NAME STREET ADDRESS					T ADDRESS				
					ST-ZIP				
CITY - ST - ZIP	L godify that the information suppli	ind with this filing is voluntar				for the exemption stated in Section 119	.07(3)(k). Flo	rida Statu	ites. I further

rate receipt certify that the information supplied with this tilling is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated of 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 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 or planego, or on an attachment with an address.

SIGNATURE: 7