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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Feb 26 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$37453

(5)

A'NUE LIGNE, INC.

SIGNATURE:

Principal Place of Business 3300 NORTHWEST 41ST STREET MIAMI FL 33142	Mailing Address 3300 NORTHWEST 41ST MIAMI FL 33142-4306	STREET			
			3. Date Incorporated or Qualified 03/14/1991	3a. Date of Last F 04/16/1996	Report
2. Principal Place of Business 21	2a. Mailing Address 26		4, FEI Number 65-0248526		pplied For ot Applicable
Suite, Apt #, etc.	Suite, Apt. #, etc.	***************************************	5. Certificate of Status Desired	1 1	Additional equired
City & State  23  Zip Country	City & State		Election Campaign Financing     Trust Fund Contribution	Added	May Be to Fees
Zip Country 25	Zip	Country	8. This corporation has liability for in	Mangible tax under a Yes □ No	i. 1 <b>99.03</b> 2,
9, Name and Address of Cui	[29] rrent Registered Agent	<u> 30 </u>	Florida Statutes  10, Name and Address of New Reg		
VARAT, LOIS		. 81 Name	10, 144110 4114 1144 1144 1144 1144	practice Agent	
3300 NORTHWEST 41ST STREET	•				
MIAMI FL 33142	•	82 Street A	ddress (P.O. Box Number is Not Acceptabl	le)	
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		84 City		FL 85 Zip	Code
			ration a board of directors. Thereby accept	n the appointment as	registereo
Pursuant to the provisions of Sections 607 office or registered agent, or both, in the Stagent. I am familiar with, and accept the of SIGNATURE.  Signature, typid or ported name of registered.		authorized by the corporation of	oquired when reinstating)	DATE	
SIGNATURE.  Stgrature, typed or portec name of registered.  OFFICERS	d agent and title 1 applicable. (NO AND DIRECTORS			DATE	
SIGNATURE Stp: aline, lyped or perties name of registerer  12. OFFICERS  DILE D	d agent and title it appricable. (NO	PE: Registered Agent signature re	oquired when reinstating)	DATE	
SIGNATURE.  Styrative, typed or printe name of registerer  12. OFFICERS  DILLE D  VARAT, LOIS	d agent and title 1 applicable. (NO AND DIRECTORS	PTE: Registered Agent signature re	oquired when reinstating)	DATE ERS AND DIRECTO	RS IN 12
SIGNATURE  Stgrature, typed or protect name of registered  12. OFFICERS  THLE  NAME  STREET ADDRESS  3300 NW 41 STREET	d agent and title 1 applicable. (NO AND DIRECTORS	TE: Registered Agent signature re 13. 1.1 TITLE	oquired when reinstating)	DATE ERS AND DIRECTO	RS IN 12
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