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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S51910

(5)

Principal Place of Business Mailing Address 440 S. MILITARY TRAIL #15 #15 DEERFIELD BCH FL 33442 US Mailing Address 440 S. MILITARY TRAIL #15 US				Date Incorporated or Qualifie	3. Date Incorporated or Qualified 3a. Date of Last Report		
				05/09/1991	08/19/1990		
2. Principal P	ace of Business	2a. Mailing Address		4. FEI Number		Applied For	
Sulte, Apt.	N Al-	Suite, Apt. #, etc.		65-0264523		Not Applica	
Suite, Apr.	F, BIC.	Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional Required	
City & State		City & State		6. Election Campaign Financing		0 May Be	
23		28		Trust Fund Contribution	☐ Adde	d to Fees	
Zip	Country	Ζιρ	Country	8. This corporation has liability for		rs. 199.032	
24	25 25 Name and Address of Current	Registered Agent	30	Florida Statutes 10. Name and Address of New	Yes No		
OI II		nogistored Agent	81 Name				
	BESI, STEFANO BENTTENNIAL COURT			Chisesi, Ste			
	RFIELD BEACH FL 33073		82 Strget	Address (P.O. Box Number is Not Accep	table)		
	THE DESCRIPTION OF		83	Addi			
			84 Cityo	<u> </u>	1 - 85 Z	n Code	
			1 1 15	oca Ration f	\ FL ° 3	p Code 343	
anent La	n familiar with, and accept the obligati	ions of Section 607 0505. F	s authorized by the corp ilorida Statutes	oration's board of directors. I hereby acc	cept the appointment		
SIGNATURE	Signature, typed or printed name of registered agent	Notice if applicative. (NO	OTE: Hogistered Agent signature	······································	aprilo	1 190	
SIGNATURE	Signature, typed or printed name of repostred agent OFFICERS AND	Notice if applicative. (NO		required when reinstating) ADDITIONS/CHANGES TO OFI	FICERS AND DIRECTO)	
SIGNATURE	Signature, typed or printed name of rights of agent OFFICERS AND	Pend the it applicable. (NO DIRECTORS	DTE: Hogistered Agent signature	required when rainstating) ADDITIONS/CHANGES TO OFI PRESIDENT	FICERS AND DIRECTO)	
SIGNATURE 12. TITLE	Signature, typed or printed name of repostred agent OFFICERS AND	Pend the it applicable. (NO DIRECTORS	DIE: Hogislaved Agont signature 13. 1.1 TITLE	ADDITIONS/CHANGES TO OFF PRETHACENT STEFCING CINE 2617 NW EXAM	FICERS AND DIRECTO)	
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