## 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

DOCUN 1. Corporation SUND		605 (7)	)							
Principal Place of 201 S. BISC SUITE 1000 MIAMI FL 3	CAYNE BLVD F 1684	Suite 1 <del>000</del> / 🖙	aiing Address  200 S. BISCAYNE BLVD SUITE 1800 / CP-4 MIAMI FL 33131							
US US	3101	US				<ol> <li>Date Incorporated or Qualified 05/22/1991</li> </ol>	3a. Date of <b>05</b>	Last Re 5/19/19		
2. Principal Pla	ce of Business	2a. Mailing Address	⊢¬			4. FEI Number 65-0288895	Applied For Not Applicable			
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24]	Country 25	7/p	30			8. This corporation has liability for intangible tax under s 199.032.  Florida Statutes X Yes [] No				
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New R	egistered Ag	enl		
CHECH	łE, PHILLIP J.		Į.	81	Name					
2 -201 S	BISCAYNE BLVD		Į	82 83	Street Add	Address (P.O. Box Number is Not Acceptable)				
	2380 /6P4 EL 20101 2007									
MIAMI	FL 33131- <del>2007</del>		Ī	84	City		FL	85 Zıç	p Code	
familiar with	h, and accept the obligations of,	Section 607.0505, Florida Statuti	es.			and of directors. Thereby accept the appoint of directors are solved to be accept the appoint of the appoint of the appoint of the appoint of the accept the accept the appoint of the accept the	DATE			
12.				1.5		ADDITIONS/CHANGES TO OFF		Change	Addition	
NAME STREET ADDRESS	SHEEHE, PHILLIP J. 2-201 S. BISCAYNE BOU MIAMI FL	1684	1. 1 TC 1.2 NA 1.3 STI 1 4 CC	ME Reet	ADDRESS					
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STREET ADDRESS					ADDRESS					
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NAME STREET ADDRESS					ADDRESS					
CITY - ST- ZIP					ST · ZIP					
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NAME			62 N/	ME						
STREET ADDRESS			6351	REET	I ADURESS					
City-St-20			64CI	17.5	ST-ZIP		02/0/07 5	- D: 1	4 - 14	
14. I do hereb certify that oath, that	y certify that the information supp the information indicated on this Larg an officer or director of the	abed with this filing is voluntarily fu parnual report or supplemental a Corporation or the receiver or trus	urnished and i nnual report is stee empower	doe s tru red	is not qualify ue and accur to execute th	for the exemption stated in Section 119 ate and that my signature shall have the his report as required by Chapter 607, Fl	ี บ7(ฮ(ห), Floric - same legal ef lorida Statutes	ia statut fect as if ; and th	f made under at my name	

SIGNATURE:

oath, that I am an officer or director of the organization or the receiver or trustee empowered appears in Block 12 or Block 13 or changed or organizationment with an address.

IGNATURE:

SIGNATURE AND TYPED OF PROJECT NAME OF SIGNING OFFICER OR DIRECTOR

4/13/96 (305) 879-3515