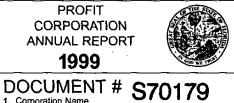
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90025 001 ***150.00

N₁ C₁ 96	5, INC						
Principal Plac	e of Business	Mailing Address				ill grait bibli glati g	ilell vlatt 1991
2600 S.W. 27TH AVENUE MIAMI FL 33133		2600 S.W. 27TH AVENUE MIAMI FL 33133		DO NOT WRITE IN TH	HIS SPACE		
					3. Date Incorporated or Qualifed 07/29/1991		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number -28-7074227 65-08302		plied For t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
City & Star	te	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	· .
Zip 24	Country 25	Zip 29	Сои 30	ntry	This corporation owes the current year Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Register	ed Agent	
TAV	OD MADIENE'T		1	81 Name			. (
2600	LOR, MARLENE T D.S.W. 27TH AVENUE			82 Street A	ddress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33133				83			
				84 City	F	85 Zip C	Code
office or r	registered agent, or both, in the State am familiar with, and accept the obligation Signature, typed or printed name of registered age	of Florida. Such change was ations of, Section 607.0505, Fl	authorized orida Statu	by the corporates.	orporation submits this statement for the purpose ation's board of directors. I hereby accept the appured when reinstating) DATE	pointment as reg	jistered
12.	· OFFICERS AF	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PD	DELETE •	1.1 Π	T.E		Change	Addition
NAME	TATHAM, BERNICE	•	1.2 NA	ME .			1
STREET ADDRESS	2600 SW 27TH AVE		1.3 ST	REET ADDRESS			1
CITY-ST-ZIP	<u> </u>		1.4 CT	TY-ST-ZIP			
TITLE	VPSD	☐ DELETE	2.1 T/T	TLE }		Change	☐ Addition
NAME	TAYLOR, MARLENE T		2.2 NA	ME			ì
STREET ADDRESS	2600 SW 27 AVE		2.3 ST	REET ADDRESS		•	Ì
CITY-ST-ZIP	MIAMI FL 33133		2. 4 CI	TY-ST-ZIP			
TITLE)	☐ DELETE	3.1 TI	LE)	•	Change	Addition \
NAME			3.2 NA	ME			
STREET ADDRESS	·		3.3 ST	REET ADDRESS			Ì
CITY-ST-ZIP	<u> </u>			TY-ST-ZIP			
TITLE		☐ DELETE	4.1 TiT	LE)		Change	Addition)
NAME			4. 2 N	AME [
STREET ADDRESS	,		4.3 ST	REET ADDRESS		•	}
CITY-ST-ZIP				Y-ST-ZIP			
TITLE (•	☐ DELETE	5.1 TIT	I .		Change	Addition
NAME			5.2 NA				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP		 -		Y-ST-ZIP			
TIT/E		□ DELETE	6.1 TIT	LE \		☐ Change	☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

3-17-49

1446-1967