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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996		COLUMN TO SERVICE SERV	DIVISION O	F CORPORATIONS			
DOCUI . Corporation	MENT #	S81719	(4)		:		
92591,	INC.				1 1864 PARA 186 PARA HIBU SEBER NIDI	å fåll åfåll ålbly alder alde	1 8 18 (1 8 18)) 1 8 18
incipal Piace	of Business		Mailing Address				
		w	U	- 64977 466			
	19TH AVE SUITE 2 FACH FL 33162	202	18260 N.E. 19TH AVE N. MIAMI BEACH FL				
					3. Date Incorporated or Qualified	3a. Date of Last R	leport
					09/20/1991	01/10/19	95
Principal Pla	ace of Business	-	2a. Mailing Address		4. FEI Number	 -	Applied For
Suite, Apt. i	#, etc.		Suite, Apt. #, etc.		65-0301682		Not Applicat Additional
			27		5. Certificate of Status Desired		Required
City & State)	-	City & State		6. Election Campaign Financing		O May Be
Zφ	·- ·- · · · · · · · · · · · · · · · · ·	Country	28	Country	Trust Fund Contribution	Adde	d to Fees
• 11.	25	· ·	29	30	8. This corporation has liability for Florida Statutes Yes	intangible tax under s : 🔲 No	199.032,
	9. Name and	Address of Current Re	egistered Agent		10. Name and Address of New F		
				81 Name			
	feld, alexane	RM.		82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)	
	I.E. 19TH AVE.			83			
SUITE 2	1UZ 11 BEACH FL 33	160					
14. IMPAN	II DEAGITTE 33	102		84 City		FL 85 Zi	p Code
or registere familiar wit SNATURE _	ed agent, or both, th, and accept the	obligations of, Section 6	buch change was authori 607.0505, Florida Statute	zed by the corporation's boass.	oration submits this statement for the pur ard of directors. I hereby accept the appr	ointment as registered	egistered of lagent. I am
familiar wit	ed agent or both, h, and accept the	Sections 607,0502 and in the State of Florida 5 obligations of, Section 6 dhane of regulared agent and II OFFICERS AND DI	such change was authori 607.0505, Florida Statuter the flaggleathic (N RECTORS)	Zed by the corporation's boals. Ote: Flog stered Agent signal we require 13.	ard of directors. I hereby accept the app	OINTMENT AS REGISTERED DATE ICERS AND DIRECTO	RS IN 12
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