PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DE Sand Secr DIVISION C	PARTMENT OF STATE ra B. Mortham etary of State of COBPORATIONS		
1. Corporatio	M N ROLL, CORP.	4 (5) Mailing Address			
8003 N.W. 1 PLANTATION		13504 N.W. 8 COURT SUNRISE FL 33325 US	r		
2. Principal Pl	lace of Business	2e Moiline Adeirea		3. Date Incorporated or Qualified 11/01/1991	3a. Date of Last Report 04/10/1995
21		2a. Mailing Address 26		4. FEI Number 65-0288388	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	9	City & State		Election Campaign Financing Trust Fund Contribution	Fee Required \$5.00 May Be Added to Fees
Zip 24	Country 25 9. Name and Address of Curren	Zip 29	Country 30	8. This corporation has liability for	rintangible tax under s 199.032, s XNo
13504 N SUNRIS	OSEPH, JR. I.W. 8TH COURT E FL 33325		83 84 City	ress (P.O. Box Number is Not Accepta	B5 Zip Code
or registers familiar wit	o the provisions of Sections £07.0502 ed agent, or both, in the State of Florid th, and accept the obligations of Section	on 607.0505, Florida Statute	tes, the above-named corporated by the corporation's boals.	ration submits this statement for the purid of directors. I hereby accept the app	
12.		nd title if applicable (No DIRECTORS	OTE: Registered Agent signature require 13.		
NAME STREET ADDRESS CITY-ST-ZIP	ALU, JOSEPH, JR. 13504 N.W. 8TH COURT SUNRISE FL	☐ DELETE	1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Garcia, Felix 1098 N.W. 81ST TERRACE PLANTATION FL	DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 DITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
THILE NAME STREET ADDRESS CITY - ST- ZIP		DELETÉ	4 1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-SY-ZIP		☐ DÉLETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 City. St. 710		Change Addition
oath; that I	certify that the information supplied will the information indicated on this annual arm an officer or director of the corpora Block 12 or Block 13 if changed, or on URE:	tion or the receiver or trustee an attachment with an addre	64 City-St-ZiP ished and does not qualify fo jal report is true and accurate	or the exemption stated in Section 119, e and that my signature shall have the report as required by Chapter 607, Flo	07(3)/k), Florida Statutes. I further same legal effect as if made under orida Statutes; and that my name